FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 629817

1. Corporation Name

GLOBAL FOOD CORP.

5.2552						į			
Principal Place	Mailing Address	Address)1811 8:81: 41E:1 8	11811 61611 1461	
P O BOX 22948	3	P O BOX 22948							
SOUTHSIDE STATION, NUMBER 251 SOUTHSIDE STATION, NUMBER				:R 251			DO NOT MIDITE IN THE	CDACE	
FT LAUDERDALE FL 33335 FT LAUDERDALE FL 33335							DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
	(D since	N Adrillian Address				-	07/17/1979 4. FEI Number	Δη	plied For
─ `	lace of Business	2a. Mailing Address			1	59-1953631	├ ──	t Applicable	
21	4 - 4 -	Suite, Apt. #, etc.			- .		39-1933031	\$8.75	
Suite, Apt.	#, etc.	27					5. Certificate of Status Desired	Fee Re	
City & State		City & State			 +	6. Election Campaign Financing	\$5.00	May Ro	
— ·	u	28				Trust Fund Contribution	Added t		
23 Zip	Country	Zip Country				8. This corporation owes the current year In			
	25 29		30				Personal Property Tax.	Yes	□No
24 25 9. Name and Address of Currer							10. Name and Address of New Registered	Agent	
	5. Harro and Auditor of Garage			81	Name				,
BAU	ER, JOHN P.						(2.0.0		
	THSIDE STATION, NUMBER 251			82	Street A	Addres	s (P.O. Box Number is Not Acceptable)		1
PΟ	BOX 22948			83					
-	AUDERDALE FL FL 33316								
				84	City		Fl	85 Zip (Code
44 Personant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statute	s the al	hove	-named	corpora	ation submits this statement for the purpose of	f changing its	registered
office or r	enistered agent or both in the State (of Florida. Such change was au	ithorized	ו עם ו	tne corpo	oration'	s board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Degletered	Agent	t eignature re	required w	hen reinstating) DATE		
12.	OFFICERS ANI		13.	, ago	, agricus i	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	S	☐ DELETE				i		☐ Change	Addition
NAME	BAUER, MIMI		1.2 NAME						ł
STREET ADDRESS	SOUTHSIDE STATION #251				ADDRESS				
-	FT LAUDERDALE, FL 00000	•	1.4 CITY-						
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TO		-24			Change	☐ Addition
	BAUER, JOHN		2.2 NAME						1
NAME :	SOUTHSIDE STATION #251				ADDRESS				
STREET ADDRESS	FT LAUDERDALE, FL 00000	يداح مسترات			-		2 A 6 63		
CITY-ST-ZIP	FI LAUDENDALE, FL 00000	☐ DELETE	2.4 CITY- 3.1 TITLE		1-21			Change	Addition
TITLE			3,7 MAME					_ •	
NAME			1		. +DDDDEec				J
STREET ADDRESS					ADDRESS				Ì
CfTY-ST-ZIP		□ DELETE	_	ITY-S	T-ZIP			☐ Change	Addition
ΠΠLE		- DELETE	4,1 TITLE				•		
NAME			4. 2 NAME						}
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		[] perere	4.4 CITY-		Γ- ZIP	-		Change	Addition
TITLE		☐ DELETE	5.1 TITLE		1			□ cuange	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE						İ
CITY-ST-ZIP			5.4 CITY		r-ZIP	ļ			□ Addison
TITLE				1 TITLE				Change	☐ Addition }
NAME,	•		6.2 NA						
STREET ADDRESS	s		6.3 ST	REET	ADDRESS		,		\

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or mattaching the with an addless, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90062 028 ***150.00