

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **842932** (6)

1. Corporation Name
GLOBE COMMUNICATIONS CORP.



Principal Place of Business: **5401 NW BROKEN SOUND BLVD. BOCA RATON FL 33487-3512**
Mailing Address: **5401 NW BROKEN SOUND BLVD. BOCA RATON FL 33487-3512**

3. Date Incorporated or Qualified: **04/03/1979**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **36-2702593**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, MIKE	
STREET ADDRESS	1350 SHERBROOKE ST., W.	
CITY - ST - ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRAKOWER, MARK	
STREET ADDRESS	1350 SHERBROOKE ST, W	
CITY - ST - ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, BARRY	
STREET ADDRESS	441 LEXINGTON AVE #505	
CITY - ST - ZIP	NEW YORK NY	
TITLE	TASD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MORTON	
STREET ADDRESS	1350 SHERBROOKE ST., W.	
CITY - ST - ZIP	MONTREAL, QUEBEC, CANADA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, PAUL M.	
STREET ADDRESS	225 W. WASHINGTON ST.	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	MACDONALD, JEFF	
STREET ADDRESS	5401 NW BROKEN SOUND BLVD	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	✓ Licurse, Mario
1.3 STREET ADDRESS	1350 Sherbrooke St., W
1.4 CITY - ST - ZIP	Montreal, Quebec, Canada
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	✓ Rosenbloom, Mark
2.3 STREET ADDRESS	1350 Sherbrooke St, W
2.4 CITY - ST - ZIP	Montreal, Quebec, Canada
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	✓ Kahane, Michael
3.3 STREET ADDRESS	5401 N.W. Broken Sound Blvd.
3.4 CITY - ST - ZIP	Boca Raton, FL 33487
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	✓ Rosenbloom, Richard
5.3 STREET ADDRESS	1350 Sherbrooke St., W
5.4 CITY - ST - ZIP	Montreal, Quebec, Canada
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this form, 13 if changed, or in an attachment with an address.

SIGNATURE: Michael B Kahane MICHAEL B KAHANE Date: 407-989-1225 Daytime Phone #

CR2E034 (12/95)