

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000370 (8)

1. Corporation Name

GLOBAL INDUSTRIAL SERVICES INC.



Principal Place of Business

Mailing Address

71 SOUTH CENTRAL AVENUE
VALLEY STREAM NY 11580

71 SOUTH CENTRAL AVENUE
VALLEY STREAM NY 11580

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POURBAIX, FRED
2760 NW 30TH WAY
LAUDERDALE LAKES FL 33311

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

02/20/1995

4. FEI Number

11-3053562

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Two Oakwood Blvd.

83 Suite #195

84 City Hollywood

FL

85 Zip Code

33020

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

Signature required for principal, officers, directors, agent and for incorporator.

NOTE: Required Agent signature required when not satisfied.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE CP
NAME SCHWARTZ, SCOTT
STREET ADDRESS 25 JUNIPER LANE
CITY-ST-ZIP MUTTONTOWN NY 11791

☐ DELETE

TITLE VCV
NAME FINE, LONNIE
STREET ADDRESS 301 PEPPERIDGE ROAD
CITY-ST-ZIP HEWLETT NY 11557

☐ DELETE

TITLE DS
NAME FINE, PERRY
STREET ADDRESS 280 DOLPHIN DRIVE
CITY-ST-ZIP HEWLETT NECK NY 11598

☒ DELETE

TITLE T
NAME MILLER, WALTER
STREET ADDRESS 43 NORTH DRIVE
CITY-ST-ZIP GREAT NECK NY 11021

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott Schwartz

7/25/96

(516) 561-6901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR