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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9200000370 (8

GLOBAL INDUSTRIAL SERVICES INC.

Principal Place of Business Mailing Address

71 SOUTH CENTRAL AVENUE VALLEY STREAM NY 11580 71 SOUTH CENTRAL AVENUE

FILED Mar 04 1997 8:00am Secretary of State



| VALLEY STREAM NY 11580 | | VALLEY STREAM NY 11580-5403 | | | | | | | | |
|--------------------------------|---|--|----------------------------------|------------|-------------------|--|--|------------------------------------|---------------|--|
| | | | | | | 3. Date Incorporated or Qualified 11/05/1992 | | 3a. Date of Last Report 08/07/1996 | | |
| 2. Principal Place of Business | | 28. Mailing Address | 28. Mailing Address | | | 4. FEI Number | | <u> </u> | pplied For | |
| 21 | | 26 | | | | 11-3053562 | | | ot Applicable | |
| Suite, Apt. #. etc. 22 | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State 23 | | City & State | h1 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| 7 _(p) | Country 25 | Zip 29 | | | | | on has liability for intangible tax under s. 199.032, es \textbf{X} Yes \textbf{No} No | | | |
| | 9. Name and Address of Curr | ent Registered Agent | 1 | | | 10. Name and Address of New Re | glatered / | gent | | |
| | Durbaix, Fred | | 8 | 11 | Name | | | | | |
| | 60 NW 30TH WAY | | 8 | 2 | Street Add | ress (P.O. Box Number is Not Acceptab | ie) | | | |
| LA | UDERDALE LAKES FL 33311 | | 8 | 1 | | TOO (1.0. DOX 110 TOO TOO TOO TOO TOO TOO TOO TOO TOO TO | | | | |
| | | | 8 | 4 | City | | | 85 Zip | Code | |
| | | , , , , , , , , , , , , , , , , , , , | | | | | FL | | | |
| agent La | to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob- | ate of Florida. Such change was ligations of, Section 607.0505, F | s authorized Florida Statut | by les. | the corpora | poration submits this statement for the pation's board of directors. I hereby acceptions | ot the app | ointment as | registered | |
| SIGNATURE | Shipper see the disclosed name of registrated | agent at distile if applicable (NC | OTE: Registered A | \gen | nt signature requ | ired when reinstaling) | DATE | | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTO | RS IN 12 | |
| THILE | P COUNTY COOPY | DELETE | 1.1 TiTL | E | | | | Change | Addition | |
| NAMÉ | SCHWARTZ, SCOTT | | 1.2 NAM | ΙE | | | | | | |
| STREET ADORESS | 25 JUNIPER LANE | | 1.3 STRE | ET A | ADDRESS | | | | | |
| CITY - ST - 74P | MUTTONTOWN NY | | 1.4 CITY | -51 | r-zip | | | | | |
| THIE | FINE LONDIE | ☐ DELETE | 2 1 1111.0 | E | | | | Change | Addition | |
| NAME | FINE, LONNIE 301 PEPPERIDGE ROAD | | 22 NAM | E | | - | 7 | | | |
| STREET ADDRESS | HEWLETT NY | | 23 STRE | ET A | ADDRESS | | | | | |
| City-St-7# | ST | De Fre | 2 4 CITY | | IT-ZIP | | | | | |
| TILLE | FINE, PERRY | L] DELETE | 3 1 TITLI | | | | | L Change | Addition | |
| NAME | 260 DOLPHIN DRIVE | | 3 2 NAM | | į | | | | | |
| STREET ADDRESS | HEWLETT NECK NY | | | | ADDRESS | | | | | |
| CITY-S1-ZIP | | DELETE | 3.4. CITY 4.1 TITLE | | ST - ZIP | | | Change | Addition | |
| THILE | | | 4.1 INL | | | | | LI Criange | | |
| NAME Outpoor American | | , | | | ADDRESS | | | | | |
| SUBJECT ADORESS | 1 | | | | 1 | | | | | |
| City-St-ZiP Title | | DELETE | 4.4 CITY 5.1 TITU | | ı- Zir | | | Change | Addition | |
| NAME | | <u></u> 000011 | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | 1 | | ADDRESS | | | | | |
| City - St - ZiP | | | 5.4 CfTY | | | | | | | |
| TITLE | | DELETE | 6.1 TITL | | - 4.11 | | | Change | Addition | |
| NAME | | | 6.2 NAM | | | | | - | | |
| STREET AODRESS | | | | | ADDRESS | | | | | |
| CHY-ST-7/P | | | 6.4 CITY | | | | | | | |
| 0011.01.40 | I | | 0.7 0111 | | | | | | | |

14. I do nereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed pro an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

125/97

(516) 561-6901

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