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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J23026

(4)

GLOBE PARCEL SERVICE, INC.

FILED Apr 09 1998 8:00am Secretary of State

Principal Plac	ce of Busines	s	Mailing Address	Mailing Address			T IDEAL BIRTH BIRTH AND ALLE BEING BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH BIRTH	
7040 W. PAL	METTO PK. R	OAD	•	5030 CHAMPION BLVD.				
2			G6-294					
BOCA RATON FL 33433				BOCA RATON FL 33496			DO NOT WRITE IN THIS SPACE	
US			US				3. Date Incorporated or Qualified	
5 5	N (D						07/09/1986	4
2. Principal Place of Business			F-n ~	2e. Mailing Address			4. FEI Number Applied For	
21 Suite Ant	# otc			Suite, Apt. #, etc.			59-2719220 Not Applicable	e
Suite, Apt. #, etc.				27			5. Certificate of Status Desired See Required	1
City & State				City & State			6. Election Campaign Financing \$5.00 May Be	ᅱ
23			h	28			Trust Fund Contribution Added to Fees	- [
Zip		Country	Zip			,	8. This corporation owes or has paid the current year Intangible	ヿ゙
24	25		29	29 30			Personal Property Tax due June 30. X Yes No	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	\Box
Rif	fkin, Joel	C.			81	Name		
7040 W. PALMETTO PARK ROAD					82	Street Addr	dress (P.O. Box Number is Not Acceptable)	⊣
SUITE 2					<u></u>			
BC	oca raton	I FL 33433			B3			ļ
					84	City	85 Zip Code	\dashv
					l.,		<u> </u>	
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								_ 1
	Signature, types	for pointed name of registered			d Ag	ont signature requi	quired when reinstating) DATE	\dashv_i
12.	PD	OFFICERS /	ND DIRECTORS	13. ELETE 1,1 T	(T) E	· — — — — — — — — — — — — — — — — — — —	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	;
NAME		JOEL C.	۵,		IAME		L Utango	" i
STREET ADDRESS 7040 W. PALMETTO PK. RD			ח			T ADDRESS		- 15
CITY-ST-ZIP BOCA RATON FL			-	1.4 CiT		ſ		
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NAME	1	ELLIS B.		1	IAME			
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CITY-ST-ZIP		RATON FL				ST-ZIP		ı
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NAME	RIFKIN,	RITA	_	3.2 N	AME		• –	- 1
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CITY-ST-ZIP	BOCA F	raton fl		3.4.1	CITY-	ST-ZIP		
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CITY-ST-ZIP	<u> </u>			440	HY-S	ST-ZIP		_ [
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CITY-ST-ZIP	<u> </u>		···		HTY - 5	ST-ZIP]
TITLE	i _			ELETE 6.1 T	ITLE	Ţ <u></u>	Change Addition	n ∏
NAME				6.2 1	IAME			-
STREET ADDRESS	1			6.3 \$	TREET	ADDRESS		ľ
CITY-ST-ZIP						ST-ZIP		$ _ $
14. I hereby indicated	certify that the	ne information supplied ual report or supplieme	I with this filing does no ntal annual report is trui	qualify for the ex	emp	otion stated in lat my signatu	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an	n

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 eath; that I am an officer or director of the corporation or the receiver or frustee 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, or on an attachment with an address.

SIGNATURE: SOLI B. RIFL EUIS B. RIFKIN, V. P. 4/2/98 661/496-7154