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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANA	ANNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
	JMENT # K586	00 (3)			***************************************			
MAP 8	GLOBE STORES, INC.							
<u> </u>								311 8181) 1181 21 1181 : H. S.
·	ace of Business	Mailing Address				A JAMEBAN MAN MINER INDIN MANER MANER AND SE	Bakat didir didir didir di	Date dichard (e.g.)
1 % BERTAM B. GREEN % BERTAM B. GREEN 1920 E. COLONIAL DR. 1920 E. COLONIAL DR.						3. Date Incorporated or Qualified O1/12/1998 3. Date of Last Report O1/12/1998 4. FEI Number Applied For Not Applicable 59-29/23577 Not Applicable 59-29/23577 Not Applicable 6. Election Campaign Financing Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code Statutes 70 Yes No No Name and Address of New Registered Agent 83 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code FL 85 Zip Code No No No No No No No N		
ORLANDO FI	L 32803	ORLANDO FL 32903-4	808			3. Date Incorporated or Qualified 3a. Date of Last Report		
					,		04/26/1990	}
2. Principal	Place of Business	2a. Mailing Address					∱	
	ol. #, etc.	Suite, Apt. #, etc.					60 7	
22	. 1 · · · · · · · · · · · · · · · · · ·	27			,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Certificate of Status Desired	Fee	Required
City & St 23	tate	City & State						
Zip 24	Country 25	Z(p		ountry		· · · · · · · · · · · · · · · · · · ·	ntangible tax unde	****
24]	9. Name and Address of Ci		1301	I				
	REEN, BERTAM			81	Name			
1920 E. COLONIAL DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
U	RLANDO FL 32803			83				**
				84	City		R6 7	n Code
44 5		Ť		FL (•			
11. Pursual	nt to the provisions of Sections 607 or registered agent, or both, in the t	7.0502 and 607.1508, Florida St State of Florida, Such change w	atutes, the as authoriz	above ed by	the corpor	rporation submits this statement for the patients board of directors. I hereby accept	or the appointment	j its registered as registered
SIGNATURI		obligations of, agetion 667.0000	, Florida Si	(atote)	.			
	Signature, typed or printed name of register				nt signature req			200 11 40
12.	PST	S AND DIRECTORS DELETE				ADDITIONS/CHANGES TO OFFIC		
NAME	GREEN, BERTRAM				·			
STREET ADDRES			1.3	STREET	ADDRESS			
CHY-S1-7IP	ORLANDO FL	DELETE			1 - 21P			. Long.
TITLE NAME	D Green, Bertram	☐ DELETE	- 1				unang) زيا	e Li Addition
STREET ADDRES	4000 P 001 01 HA1 00				ADDRESS	• •		
CITY ST-ZIP	ORLANDO FL							
TILE	٧	☐ DELETE	3.1	TITLE			☐ Chang	e Addition
NAMÉ	GREEN, ALICIA		- 1					
STREET ADDRES	1920 E COLONIAL DR ORLANDO FL				1			
CHY-ST 76°	ONLANDO PL	☐ DELETE			S1 - ZIP		Chano	e L Addition
NAME		_ .						
STREET ADDRES	8				ADDRESS			
CHTY-ST-ZIP					T-ZIP	······································		
TITLE		☐ DELETE	1				☐ Chang	e 🔲 Addition
NAME			l l					
STREET ADDRES	35				1			
CHY-SI-7P TITLE		DELETE		TITLE	1-2P		Chang	e Addition
NAME				NAME				
STREET ADDRES	55		6.3	STREET	ADDRESS			
CITY ST. ZIP	1			City-s	T 740			

14. To hereby certify that the information supplied with this filing does information indicated on the annual report or supplemental annual Lam an officer or director of the corporation or the receiver or austrapicars in Block 12 or Block 13 of havreet of on an algorithe or visit appears in Block 12 or Block 13 of havreet of on an algorithe or visit and the corporation of the receiver of the corporation of the receiver of the corporation of the c qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rt is true and accurate and that my signature shall have the same legal effect as if made under oath; that my prefered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 21 1997 8:00am