


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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M70016 (4) 1. Corporation Name GLOBE FACILITY SERVICES INC.					
Principal Place of Business 5405 CYPRESS CENTER DR STE 290 TAMPA FL 33609-8021 US			Mailing Address 5405 CYPRESS CENTER DR STE 290 TAMPA FL 33609-8021 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/29/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2973013	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SAUERS, MICHEL F 5405 CYPRESS CENTER DR SUITE 295 TAMPA FL 33609			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FLASKAY, NICHOLAS			1.2 NAME		
STREET ADDRESS 5405 CYPRESS CENTER DR., #290			1.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL			1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME JACKSON, BARRY			2.2 NAME		
STREET ADDRESS 5405 CYPRESS CENTER DR., STE 290			2.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL			2.4 CITY-ST-ZIP		
TITLE PCD <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MICHAEL F. SAUERS			3.2 NAME		
STREET ADDRESS 5405 CYPRESS CENTER DR., #290			3.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL			3.4 CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KENNETH YOUNG			4.2 NAME		
STREET ADDRESS 5405 CYPRESS CENTER DR., #290			4.3 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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, or on an attachment with an address.

SIGNATURE:

Michael F. Sauers
MICHAEL F. SAUERS



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)