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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address

TAMPA FL 33609-8021

STE 290

5405 CYPRESS CENTER DR

DOCUMENT # M70016

Corporation Name

Principal Place of Business

5405 CYPRESS CENTER OR

TAMPA FL 33609-8021

US

GLOBE FACILITY SERVICES INC.

					02/29/1900				
Principal Place of	of Business	2a. Mailing Address			4. FEI Number			Ap	plied For
ก่	Ţ	26			59-2973013			No	t Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certifcate of State	e Dosirod	₽ I	\$8.75 A	
3	· ·	27			5. Certificate of Stati	us Desired		Fee Re	quired
City & State		City & State			6. Election Campaig	ın Financing		\$5.00	May Be
3]		28			Trust Fund Contr	ibution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation	owes the curre	ent year Inta	ingible	
_	· · · · · · · · · · · · · · · · · ·	 `	30		Personal Propert		•	Yes	□No
<u> </u>	Name and Address of Current R		<u></u>		10. Name and Addr		egistered A	gent	
	Walle did Addiodo of Carrellett	<u> </u>	81	Name					
SAUERS,	, MICHEL F		-			- 81-4 8	hlal		
5405 CYPRESS CENTER DR SUITE 295			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
TAMPA F					_				
173411 73 1	E 00000		84	City			E1	85 Zip (Code
									rosintorod
1. Pursuant to the	e provisions of Sections 607.0502 a ered agent, or both, in the State of F	nd 607.1508, Florida Statute:	s, the above	e-named corp the comoration	oration submits this state on's board of directors. I	ement for the hereby accer	purpose or o t the appoin	itment as re	gistered
agent. I am fan	miliar with, and accept the obligation	ns of, Section 607.0505, Flori	da Statutes						_
SIGNATURE	•								
Signati	ture, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Ager	t signature require	d when reinstating)		DATE		
12.	OFFICERS AND I		13.		ADDITIONS/CHAI	NGES TO OF	FICERS AN		
TLE DP		☐ DELETE	1.1 TITLE					Change	☐ Addition
AME FLA	ASKAY, NICHOLAS		1.2 NAME						
TREET ADDRESS 540	05 CYPRESS CENTER DR., #2	90	1.3 STREET	ADDRESS					
TAI	05 Cypress center DR., #2 Mpa fl	90	1.3 STREET						<u></u>
ITY-ST-ZIP TAI	05 CYPRESS CENTER DR., #2 MPA FL	90						Change	Addition
TAI	MPA FL		1.4 CITY-S 2.1-TITLE		;			Change	Addition
ITY-ST-ZIP TAI ITLE D IAME JAI	MPA FL CKSON, BARRY	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP	; ;			Change	Addition
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813.289.3611

FILED

Mar 10, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed