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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021037 (4) **GLOMART MARKETING, INC.**

Principal Place of Business

Mailing Address

FILED May 14 1997 8:00am Secretary of State



| 1100 5TH AVE. SOUTH SUITE 201 NAPLES FL. 22040: 34102 | | 1100 5TH AVE. SOUTH SUITE 201 NAPLES FL 34102-6488 | | 3. Date Incorporated or Qualified | 3a. Date of L | | |
|---|--|--|-----------------------|-----------------------------------|--|--|----------------------------|
| | | | | | 03/18/1994 | 04/15/19 | 96 |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | - | Applied For |
| Suite, Apt. | # ata | 26 | | | 65-0510004 | | Not Applicable |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | | .00 May Be Ided to Fees |
| zip 3 4 | 702 Country | Zip 29] | Countr 30 | Y | 8. This corporation has liability for in Florida Statutes | ntane ble tax un Yes 🔲 No | der s. 199.032, |
| | 9. Name and Address of Curren | l Registered Agent | | | 10. Name and Address of New Reg | pistered Agent | |
| | ENZO, KARL J | | 81 | Name | | | |
| 1100 5TH AVENUE SOUTH SUITE 201 | | | | Street Add | dress (P.O. Box Number is Not Acceptab | le) | |
| NAPLES FL -83040 . 34/52_ | | | 83 | | | | |
| | | | 84 | City | The second secon | FL 85 | 7ip.Code //O2_ |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statut | es, the abov | re-named cor | rporation submits this statement for the pation's board of directors. I hereby accep | urpose of chang | ging its registered |
| agent. I a | m familiar with, and accept the obliga | alions of, Section 607.0505, Flo | orida Statute | s. | and the second of an editor () is the second of the secon | The appearance | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title it applicable (NO1 | t : Registered Ag | ent signature requ | uired when reinstating) | DATE | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PVST | ☐ DELETE | 1.1 1/11.0 | | | L Ch | ange 🔲 Addition |
| NAME | LORENZO, KARL J 1102 CLAM COURT | | 1.2 NAME | | | | |
| STREET ADDRESS | NAPLES FL 33962 | | | 1 ADDRESS | | | |
| CITY-ST-ZIP | 0 | DELETE 2.13 | | \$1 - ZIP | | □ Ch | ange Addition |
| NAME | ADDRIGO MADI I | | 2 2 NAME | | | - | , , |
| STREET ADDRESS | 1102 CLAM COURT | | | T ADDRESS | | | |
| CITY-ST-ZIP | NAPLES FL 33962 | | 2 4 CITY- | ST-ZIP | | | |
| TITLE | | DELETE: | 31 TITLE | | | ☐ Ch | ange 🔲 Addition |
| NAME | | | 3 2 NAME | | | | |
| STREET ADDRESS | | | 33 STREE | T ADDRESS | | | |
| CITY-ST-ZiP | | DELÉTE | 34. City- | ST-ZIP | | ☐ Ch | ange Addition |
| TITLE | | T DETECT | 4.1 TITLE 4.2 NAMI | | | L.J UII | iongo LJ Addation I |
| NAME Street address | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 Cil Y - | | | | |
| TITLE | | | 5.1 TITLE | 5. III | Change Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CHY- | S1-ZIP | | ************************************** | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Ch | ange 🔲 Addition |
| NAME . | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | 1 ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CHY- | S1-ZIP | | | |

I do 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.