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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083851 (3)

1. Corporation	on Name	0000001 (0)			
GLOBA	L BUILDERS, INC.				
				n außelunge sin lader debet under nacht Austr d	AISO DETEN STAND ANDRA BARDE ETNY ANDR
j					
Principal Plac	ce of Business	Mailing Address			1380 (BTOO (2)80) 4018T BT(6) 4180 4800
2915 S.E. 22ND PLACE 2915 S.E. 22ND PLACE				1	
CAPE CORAL FL 33904 CAPE CORAL FL 33904				DO NOT WRITE IN	THIS COACE
1				3. Date Incorporated or Qualified	THIS SPACE
				11/16/1994	1
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0536274	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		T	\$8.75 Additional
22 1550			llane Ct	5. Certificate of Status Desired	Fee Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 May Be
	Myers, th	28 Ft. NYET	S FL	Trust Fund Contribution	7,4400 101 000
24 Zip 339	Gountry Country	2 33912	30 U.S.A	8. This corporation owes or has paid to	(
24 55	9. Name and Address of Curren		30 U.S.M	Personal Property Tax due June 30 10. Name and Address of New Regis	
		ii negistered Agent	81 Name	10. Name and Address of New Negrs	tered Agent
COHEN, ROBERT C					
				Idress (P.O. Box Number is Not Acceptable)	
LONGWOOD FL 32750					
ļ			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the above-named co	progration submits this statement for the nurr	
office or I	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpor	orporation submits this statement for the purp ration's board of directors. I hereby accept the	ne appointment as registered
	am tamiliar with, and accept the oblig	ations of, Section 607.0505, Fig	riga Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE	. Registered Agent signature rec	guired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRESKA, ROBERT		1.2 NAME		,
STREET ADDRESS	PO BOX N/A 572		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORÁL 33 910		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	BRESKA, YVONNE		2.2 NAME		ļ
STREET ADDRESS	PO BOX 572, N/A/		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33410		2. 4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	3.1 TITLE		Change Addition
NAME	}		3.2 NAME	•	
STREET ADDRESS	ļ		3.3 STREET ADDRESS		
CITY - ST-ZIP		T per pre	3.4. CITY - ST- ZIP		Observe Addition
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS	ļ		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE	ļ	T DETRIE	5.1 TITLE		Figurials Til Vanition
NAME	(5.2 NAME		
STREET ADDRESS	J		5.3 STREET ADDRESS		
CITY-ST-ZIP		L T DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	ļ	ר"ו הגרנוב	6.1 TITLE		T cuanda T Vonition
NAME	1		6.2 NAME		1

6,3 STREET ADDRESS

R2E034 (10/97)

FILED

Jan 23 1998 8:00am

Secretary of State