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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000013867

1. Corporation Name

GLOBAL MARKETING ASSOCIATES, INC.

GLOD/ IL						
Principal Place of Business Mailing Address						I (BELLED) UN IRINDI BINTI RECLI RECLI RELIES BINES THORN COLOR SCITIC LOSS LOSS
4981 61 ST. AVE. SOUTH 4981 61 ST. AVE. SOUTH						
ST PETERSBURG FL 33715-1623 ST PETERSBURG FL 33715-1623						DO NOT WRITE IN THIS SPACE
US US						3. Date incorporated or Qualifed
	1					·
O Delected Discontinuo Address						02/12/1995 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						59-3300563 Not Applicable -
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8.75 Additional
						5. Certificate of Status Desired Fee Required
22 City & State	City & State				6. Election Campaign Financing 55.00 May Be	
<del></del>	<del>-</del>	28				Trust Fund Contribution Added to Fees
23   Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible
24	25	, · .	30			Personal Property Tax.  Yes No
24	9. Name and Address of Current		<u> </u>	Τ		10. Name and Address of New Registered Agent
3, Haille and Address of Ourient Registered Agent					Name	The Later and the same and the
Jarush, Ronald					0: 131	
4981 61ST AVENUE SOUTH				82	Street Add	dress (P.O. Box Number is Not Acceptable)
ST PETERSBURG FL 33715-1623				83		
				84	City	FL 85 Zip Code
44 Burewant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the	ahove	-named cor	moration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was au	ıthorize	d by	the corporat	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Flor	ida Sta	tutes	•	
SIGNATURE	Signature, typed or printed name of registered agent	AOTE:	Dagistage	d Agan	t signatura requir	ired when reinstating) DATE
12.	OFFICERS ANI	· · · · · · · · · · · · · · · · · · ·	13.		r adustine redui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	_	TTLE		☐ Change ☐ Addition
NAME	JARUSH, RONALD J			AME		
STREET ADDRESS	4981 61ST. AVE. SOUTH				ADDRESS	
	ST PETERSBURG FL 33715-162	)3			i	
CITY-ST-ZIP	VP	.o □ Delete	_	ITY-ST	1-2119	☐ Change ☐ Addition
TITLE	••		ı			
NAME	JARUSH, LUCIA D			IAME		
STREET ADDRESS	4981.61ST., AVE., SOUTH	ہ د سے مکسست کے سے 10			ADDRESS	المعادية والمرافعية الراضم وكالمعاط يستكين بسينسم بي مساو
CITY-ST-ZIP	ST PETERSBURG FL 33715-162			CITY-S	IT-ZIP	Change Addition
TITLE		☐ DELÉTE		TLE		- Solidings - Solidings
NAME	• .			IAME		
STREET ADDRESS	•		1		ADDRESS	
CITY-ST-ZIP			_	CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TTLE		Change Change
NAME			4. 2	NAME	•	•
STREET ADDRESS			4.3 5	TREET	ADDRESS	
CITY-ST-ZIP	·			TY-S	T-ZIP	
TITLE (		☐ DELETE		TITLE		☐ Change ☐ Addition
NAME			4	IAME		•
STREET ADDRESS	·		1		ADDRESS	
CITY-ST-ZIP		<u></u>		CITY-ST	T-ZIP	
TITLE		☐ DELETE	6.13	TILE	1	☐ Change ☐ Addition
NAME		•	6.21	IAME	f	
STREET ADDRESS.			6.3 5	TREET	ADDRESS	·

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 changes or on an attacyting that it is a 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 changes or on an attacyting that it is a 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 changes or on an attacyting that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation

6.4 CITY-ST-ZIP

SIGNATURE: