## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE: Mand Walsa G Maddux
SIGNATURE: Mand Oped on Printed Name of SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT # P9500024500 (7)

GLOBA	L STONE COMPANY							
Principal Place of	of Business	Mailing Address				ODIN BUILD CHAR	<b>81831 1</b> 111	
2241 SW 1801 MIRAMAR FL	TH AVE	2241 SW 180TH AVE MIRAMAR FL 33029						
					3. Date Incorporated or Qualified 03/24/1995	3a. Date of	Last Re	eport
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26	26					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Required			
2		City & State			6. Election Campaign Financing			O May Be
City & State		28			Trust Fund Contribution Added to Fees			
<b>Z</b> ip	Country	Zip	Cou	untry	8. This corporation has liability for it	ntangible tax	under s	199.032,
4	25	29	30		Florida Statutes			
_,	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Ag	ent	
				81 Name	Maddux, Lisa G			
MADDUX, LISA G				82 Street Addr	ss (P.O. Box Number is Not Acceptable)			
8615 NW			83	2241 3W 180 AV			<del></del>	
MIAMI FI	L 33126			63	Miramar, FL 3302	29		
				<b>84</b> City		FL	85 Zi	p Code
SIGNATURE _	Signature, typed or printed name of resistered age	Maddus	-12a	d Agent signature require		— -DATE		
TOTLE		DELETE	1.1	TITLE	President		Change	Addition
NAME			1.21	NAME	Maddux, Lisa (	3		
STREET ADDRESS			1.33	STREET ADDRESS	2241 SW 180 AV		amaı	r, FL 3
CITY-ST-ZIP		ET DELETE		CITY-ST-ZIP	V P		Change	
TITLE		DELETE		TITLE	Maddux, Robert F		onungo	
NAME				NAME STREFT ADDRESS	2241 SW 180 Av,		ລກ	E1 33(
STREET ADDRESS				CITY+ST-ZIP	2241 SW 100 8V,	MILLAM	ar,	LP 220
CITY-ST-ZIP TITLE		T) DELETÉ		TITLE	S		Change	Addition
NAME		٥	1	NAME	Maddux, Robert H	3		
STREET ADDRESS			3.3.	STREET ADDRESS	2241 SW 180 Av,		ar.	FL 330
CITY-ST-ZIP			34	CITY-ST-ZIP				
TITLE		DELETE	4 1	TITLE	Ť		Change	☐ Addition
NAME			42	NAME	Maddux, Lisa G	Minam		EL 226
STREET ADDRESS			4.3	STREET ADDRESS	2241 SW 180 Av,	MILAM	ar,	LP 33(
CITY-ST-ZIP	.,	C Private		CITY-ST-ZIP			Change	☐ Addition
TOLE		☐ DEFELE		TITLE		L	2.,31190	
NAME				NAME STREET ADDRESS				
STREET ADDRESS				CITY-S1-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE		TITLE			Change	Addition
NAME		_		NAME				
STREET ADDRESS			6.3	STREET ADDRESS				
0.00V 07 7/0			6.4	CITY-ST-ZIP				
14. I do hereb	y certify that the information supplie t the information indicated on this ar I am an officer or director of the cor n Block 12 or Block 13 if changed o	d with this filing is voluntarily fur noual report or supplemental an poration or the receiver or trust or on an attachment with an ad-	rnished an nual repor tee empow dress.	d does not qualify t is true and accur vered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	8.07(3)(K), Flori e same logal e lorida Statute	da Stati ffect as s; and th	utes. Fruntner if made under hat my name

3/15/96

(954)450-0678 Daylinic Phone #