Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90246 033 ***150.00

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 # POGOCO14364

1. Corporation GLOBEX		014004		_						
Principal Place of Business Mailing Address					1,0	8+184+ 148 184+# 84+4 8444	E 2111 PA111 PA141			
100 SE 2ND ST 21ST FLOOR 1505 SE 40TH STREET										
MIAMI FL 33131 SUITE C						DO NOT WRITE IN THIS SPACE				
		CAPE CORAL FL 33904 US			3 Date Inc	corporated or Qualife				
		US			02/12/	•				
2 Dringing Di	ace of Business	2a. Mailing Address			4. FEI Nun			Api	plied For	
— ·	ace of Dualifess	26			65-067	78491		<u> </u>	Applicable	
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	
22	.,,	27			5. Certifca	te of Status Desired		Fee Re	quired	
City & State	9	City & State			6Election	-Campaign Financin	g	- \$5.00	May Be	
23		28			Trust Fu	and Contribution		Added to	o Fees	
Zip	Country	Zip	Country		8. This cor	poration owes the co	urrent year Int		_	
24	25	29	30			al Property Tax.	·		□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name a	and Address of Nev	v Registered	Agent		
41.0	DI AID AND ACCOCIATES		81	Name					ļ	
H.S. BLAIR AND ASSOCIATES			82	Street A	ddress (P.O. Box	dress (P.O. Box Number is Not Acceptable)				
1505 SE 40TH STREET SUITE C										
			83						ļ	
CAPE CORAL FL 33904			84	84 City				85 Zip C	Code	
	to the provisions of Sections 607.050						FL	<u> </u>		
office or n agent. I al SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state of familiar with and accept the obligations of the state of familiar with an accept the obligations of the state of familiar with a state	ations of, Section 607.0505, Flori	da Statutes		quired when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS		13.			NS/CHANGES TO	OFFICERS AN		(
TITLE	DPT	☐ DELETE	1.1 TITLE		DPT	0 1	. 1	Change	☐ Addition	
NAME	Lamprecht, Gerhard		1.2 NAME		LAMPREC	HT Gerho	310		Ì	
STREET ADDRESS	1001 022 11112 011 01101		1.3 STREET	ADDRESS	426 S.W	. 45m S7	Z.	121	1	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	T- ZIP	CAPE COL	lal Fl.	<u>~ 331/</u>			
TITLE	DVS	☐ DELETE	2.1 TITLE		DVS	4 6		Change	Addition	
NAME	Lamprecht, Elfreide		2.2 NAME			ht Elfrie	DE		į	
STREET ADDRESS	1081 BEL AIRE DR. EAST		2.3 STREET	Ŧ	426 S.h	1. 45th STF	(.)	Ì	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-S		CAPE CO	RAL. FL,	32717	Channe		
TITLE		☐ DELETE	_ 3.1.TILE_					—[-] Change -	Addition	
NAME		3.2		į					[
STREET ADDRESS	SALESS		3.3 STREE	3.3 STREET ADDRESS					ļ	
CITY-ST-ZIP			3 4. CITY- S	iT-ZIP				["] Change		
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition {	
NAME .			4.2 NAME							
STREET ADDRESS			4.3 STREET	- 1					j	
CITY-ST-ZIP		□ DELETE	4.4 CITY-S	T-ZIP				Change	Addition	
TITLE			5.1 TITLE	5.1 TITLE 5.2 NAME				∴ cusude		
NAME			5.2 NAME 5.3 STREE	TANNOCCO				-	Í	
STREET ADDRESS				ļ						
CITY-ST-ZIP			5.4 CITY-S	1-217					Addition	
			■ 6.1 HH ⊢	- 1				Channe		
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		-			☐ Change		

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 of rustee 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 appears with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG