## 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 # **P96000049460**1. Corporation Name

GLOBAL GREENS, INC.

,				
390 N	ORTH	ORANG	GE AVE	NUE #1100
051.41				

Principal Place of Business

Mailing Address

11395 NORTH FLYING BIRD DRIVE

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90010 012 \*\*\*150.00



ORLANDO FL 3	2801	TUCSON AZ 85737				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed					
					06/10/1996					
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ar	pplied For		
21		26			65-0735.122		No	ot Applicable		
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc. 27						-	Additional equired		
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28			Trust Fund Contribution		•	to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes the current	it year Intang	ible			
24	25	29	30		Personal Property Tax.		Yes	(XNo		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Age	ent			
			81	Name						
	CORPORATE SERVICES OF CE		82	Street Add	dress (P.O. Box Number is Not Acceptable	le)				
390	NORTH ORANGE AVENUE #110	00	"	Ou bet ride	reet Address (1.0. box Mainteen is Not Nosephson)					
ORLA	ANDO FL 32801		83							
			84	City			35 Zip	Code		
			04	City		FL	13 Zip	Code		
agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes	ine corporar	tion's board of directors. I hereby accept t	ло арронии.	J. 11 40 10	,g.o.o.o.		
	Signature, typed or printed name of registered age	······································		nt signature requii	red when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC					
TITLE	PS	☐ DELETE	1.1 TITLE			L	] Change	☐ Addition		
NAME	TOBER, KRISTEN I		1.2 NAME							
STREET ADDRESS 11395 NORTH FLYING BIRD DRIVE			1.3 STREET ADDRESS							
CITY-\$T-ZIP	TUCSON AZ 85737-1705		1.4 CITY-8	IT-ZIP				F 1 4 1 199		
TITLE		☐ DELETE	2.1 TITLE			L	] Change	Addition		
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE	T ADDRESS						
C/TY-ST-ZIP			2. 4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3 1 TITLE			ì	] Change	☐ Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	TADDRESS				'		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			7.01	T Addition		
TITLE		☐ DELÉTÉ	4.1 TITLE			_	Change	☐ Addition		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-5	IT-ZIP			7.01	C • 43%		
TITLE		☐ DELETE	5.1 TITLE			L	] Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-5	ST-ZIP			1 Channel			
TITLE		☐ DELETE	6.1 TITLE			L.	] Change	Addition		
NAME			6.2 NAME							
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP			6.4 CITY-5							
14 Lhoroby	براهم المحروب ببدائد سينكسل ببيلة فببلغ بكافيت	ith this filing does not qualify for	the evenn	ni hateta noit	Section 119 07(3)(i) Florida Statutes I fu	unner certify	that the	information		

indicated on this annual report or supplies with this liming does not quality 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 coprofiction of the coeriver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address with all other like empowered.

SIGNATURE: