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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 10 1998 8:00am Secretary of State

1. Corporation	MENT # P96000 LOBAL EQUITIES, INC.	058967 (6)			
Principal Plac	e of Business	Mailing Address		I 1001/601 (10 1011) 011(1 0011) 001(1 6016)	IIIO POILO POILO BILLE LOS LOBE
301 S. MISSOURI AVENUE		301 S. MISSOURI AVENUE			
CLEARWATER FL 34616		CLEARWATER FL 34616			
				DO NOT WRITE IN THE	S SPACE.
[3. Date Incorporated or Qualified	
<u> </u>	Place of Business	1.2		07/12/1996	
<u></u>	Tace of Business	2a. Mailing Address		4. FEI Number	Applied for
Suite, Apt.	# elc	Suite, Apt. #, etc.		59-3392587	Not Applicable
22 25		27 200 F	loor	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	100,	6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζip	Country	Zφ	Country	8. This corporation owes or has paid the c	· · · · · · · · · · · · · · · · · · ·
24	25		0	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
YE	GGE, MARK E		81 Name		
301 S. MISSOURI AVENUE				Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616					
			83	nd Floor	
			84 City		85 Zip Code
				FI	L ! `
office or r agent I a	(April)	and 607, 1508, Horida Statutes I Florida. Such change was au ons of, Section 607,0505, Flori	, the above-hamed thorized by the corp da Statutes.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
OIGNATORE 4	Signature, typed or pouled name of required agent i	nod lide if applicable (NOTC)	legistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND	the same of the sa	13.	ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTORS IN 12
TITLE	D	☐ DEEF1 E	1.1 1111.6		Change Addition
NAME	SCHAIBLE, JOHN M		1.2 NAME		
STREET ADDRESS	220 FAIRWOOD AVENUE, #77		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		1.4 CITY-SI-ZIP		
TITLE	D NEODE MARK E	☐ DELETE	2.1 117LE		Change
NAME	YEGGE, MARK E		2.2 NAME	0.51.57.55.55.55.55.55.55.55.55.55.55.55.55.	0.4 10/22
STREET ADDRESS	2433 KEENE PARK DRIVE		2 9 STHEET ADDRESS	301 S. Missouri Ave Cleanate, Fl 3375	and Linn
CITY-S1-ZIP	LARGO FL 34641	There is a second of the secon	2.4 CITY-S1 - 7/P	CLEMMALE 17172	<i>b</i>
TITLE		□ DELETE	3.1 1ITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T priere	3.4 CITY-S1-ZIP		
TITLE		LJ DELETE	4.1 TITLE		L_ Change L_ Addition
NAME OXOCCI ADDDISO			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELÉTE	4.4 CHY+S1-ZIP		Ohange Little
		□ Mittit	511816		Change Addition
NAME CTOSET ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 4 CHY-\$1-ZIP		[] [] [] [] [] [] [] [] [] []
TATLE		L. DATE IE	6171116		L. Change L. Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		4012 4 (0. 2. 202 2	6.4 CITY - ST - ZIP	12.0	

Thereby 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 eath; 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 13 if changed, or on an attachment with an address.