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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90130 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059752

1. Corporation Name

GLOBAL SHOWCASE OF HOMES, INC.

Principal Place of Business

**13014 N DALE MABRY #623
TAMPA FL 33618
US**

Mailing Address

**13014 N DALE MABRY #623
TAMPA FL 33618
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

59-3390526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**RONALD D COLEMAN
13014 N DALE MABRY #623
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name **RICHARD E. SAMPLE**
82 Street Address (P.O. Box Number is Not Acceptable)
4132 DELLBROOK DR
83
84 City **TAMPA** **FL** **85** Zip Code **33624**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard E. Sample
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **COLEMAN, RONALD D**
STREET ADDRESS **2516 LAKE ELLEN CIRCLE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☒ DELETE
NAME **SINKHORN, MARY JEAN**
STREET ADDRESS **14816 FARNHAM WAY**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ DELETE
NAME **SAMPLE, RICHARD**
STREET ADDRESS **4132 DELLBROOK DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)