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

**CORPORATION** ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000047797 (0)

GREEN GLOBE, INC.

rincipal Place of Business	Mailing Address
638 N US HWY ONE #113	638 N US HWY ONE #113
TEQUESTA FL 33469	TEQUESTA FL 33469

## **FILED** Mar 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1997 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zıp Country Country This corporation owes or has paid the current year Intangible Yes □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEDIR, ORMOSH 638 N US HWY ONE #113 Street Address (P.O. Box Number is Not Acceptable) **TEQUESTA FL 33469** 83 84 City 85 Zip Code

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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						
	Stpontine, typed or protest name of registered opent and life if applicable			required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	77 . 44 . 4	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE			1.1 TITLE	Cha	ange 🔲 Addilio	
NAME	FEDIR, OSMOSH	1	2 NAME			
STREET ADORESS	638 N US HWY ONE #113	1	1.3 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL 33469		A CITY-ST-ZIP			
TITLE		DELETE 2	1 TITLE	☐ Cha	inge 🔲 Additio	
NAME		2	2.2 NAME			
STREET ADDRESS		2	3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE 3	3.1 TITLE	F □ Cha	inge 🔲 Additio	
NAME		3	3.2 NAME			
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NAME )		4	I. 2 NAME			
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NAME		6	5.2 NAME			
STREET ADDRESS		6	3 STREET ADDRESS			
CITY-ST-ZIP		6	4 CITY-ST-ZIP			

14. 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 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 changes of the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in