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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harrisa

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P97000047797 (0)

1. Corporation Name

GREEN GLOBE

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90080 042 ***150.00

(GA	and Globe Inc									
Oringinal Plac	ce of Business	Mailing Address				_				
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	ypress Drive #2	1535 Cypre			2					
Jupite	r FL 33469	Jupiter FI	Jupiter FL 33469			DO NOT WRITE IN THIS SPACE				
ĺ						3. Date Incorporated or Qualifed				
						5/30/97				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For		
21		26	26			65-0816 291		No.	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		ı
22			27					Fee Re	<u>'</u>	ı
City & Sta	ite		City & State			6. Election Campaign Financing	ء سند _	\$5.00		, ,
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		country		8. This corporation owes the curre				
24	25 25 Company of Company of Company	29	30	_,		Personal Property Tax. 10. Name and Address of New R		LxYes	□No	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New K	eAlsteren w	- Geur		
Fed	ir, Ormosh				1141110					
	5 Cypress Drive #2			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
	iter, FL 33469			83						
045	2001, 22 00103	*								
				84	City		FL	85 Zip (Code	
44 D	Ata the province of Captions CO7 DE	00 and 607 4508. Flasida	Ctatutas the		named see	moration submits this statement for the		hanging its	registered	
office or i	registered agent, or both, in the State	of Florida. Such change	was authoriz	zed by th	named cor he corporat	poration submits this statement for the tion's board of directors. I hereby accept	ourpose of c	hanging its tment as re	registered gistered	
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14. I hereby certify that the information supplied with this filling 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 supplied ental 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 TREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR