

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90018 044 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

**1999**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P98000046648**

1. Corporation Name

**GLOBAL PICTURES, INC.**

Principal Place of Business

200 KNUTH RD.  
SUITE #100  
BOYNTON BEACH FL 33436

Mailing Address

200 KNUTH RD.  
SUITE #100  
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/21/1998

4. FEI Number

65-0931805

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. ☐ Yes ☒ No

2. Principal Place of Business

21 **same**

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**NITTOLO, ROBERT**  
22333 SW 66TH AVE #1110  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

**ROBERT NITTOLO**

82 Street Address (P.O. Box Number is Not Acceptable)

**6987 THICKET TRACE**

83

84 City

**LAKE WORTH**

**FL**

85 Zip Code

**33467**

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/8/99**

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**ROBERT NITTOLO, PRES.**

STREET ADDRESS

**6987 THICKET TRACE**

CITY-ST-ZIP

**LAKE WORTH, FL 33467**

TITLE NAME ☐ DELETE

**ANTHONY ROSAMILIA, V.P.**

STREET ADDRESS

**3840 W. HILLSBORO BLVD., 219**

CITY-ST-ZIP

**DEERFIELD BCH., FL 33442**

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/8/99**

**561-740-9810**

CR2E034 (5/99)