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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90026 009 \*\*\*150.00

## DOCUMENT # K71412 1. Corporation Name

GIONI INCORPORATED

Principal Place of Business	
% SAMUEL SPENCER BLUM. P.A. 318 ARAGON AVE. CORAL GABLES FL 33134	
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Principal Place	e or business	Mailing Address			
% SAMUEL SPE 318 ARAGON A CORAL GABLES		% SAMUEL SPENCER E 318 ARAGON AVE. CORAL GABLES FL 331			DO NOT WRITE IN THIS SPACE
CONAL GABLES	5 FE 30134	COUNT ONDERO I E OUI			3. Date Incorporated or Qualifed
					03/09/1989
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0110246 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	8	City & State		-	6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Соц	intry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.   Yes □No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	•			81 Nam	e
	M, SAMUEL SPENCER			82 Stree	ot Address (P.O. Box Number is Not Acceptable)
	5 S BAYSHORE DRIVE SUITE 40	6		"   "	
COC	CONUT GROVE FL 33133			83	
				84 City	85 Zip Code
	•			City	. FL   3   2   0   0
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	atutes, the a	hove-name	d corporation submits this statement for the purpose of changing its registered
				0010 1101110	
office or re	egistered agent, or both, in the State	of Florida. Such change wa	is authorized	i by the coi	poration's board of directors. I hereby accept the appointment as registered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa	is authorized	i by the coi	poration's board of directors. I hereby accept the appointment as registered
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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 trystee 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, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR