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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # L10667

(8)

GINGER MAX ENTERPRISES, INC.

**FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business  29108 US 19 NORTH  975 RIVERSIDE RIDGE RD  CLEARWATER FL 34621  US  Address  Mailing Address  Michael M HERROCK  975 RIVERSIDE RIDGE RD  TARPON SPRINGS FL 34689  2. Principal Place of Business  2. Principal Place of Business  2. Sulte, Apt. #, etc.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/18/1989  4. FEI Number  65-0142396  Not Applied For  Not Applicable  \$8.75 Additional
27 City & State City & State	Election Campaign Financing     S. Election Campaign Financing     S. Election Campaign Financing     S. Election Campaign Financing
28	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent  LICODOCK SECURE 14 81 Name	10. Name and Address of New Registered Agent
REMOVED, MICHAEL M.	(D.O. Dan Nillandaria Mat Assentable)
TARPON SPRINGS FL 34689	ess (P.O. Box Number is Not Acceptable)
83	
84 City	■■ 85 Zip Code
	<b>                                  </b>
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporati agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.</li> </ol>	coration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered.
SIGNATURE Signature, typed or printed name of registered again and fille if applicable. (NOTF: Registered Agant signature require	ed when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME HERROCK, MICHAEL M 1.2 NAME	
STREET ADDRESS 975 RIVERSIDE RIDGE RD 1.3 STREET ADDRESS	}
CITY-ST-ZIP TARPON SPRINGS FL 14 CITY-ST-ZIP DELETE 2.1 TITLE	Change Addition
TITLE LJ DELETE 2.1 TITLE  NAME 22 NAME	Change L. Addition 1
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-S1-ZIP	
TITLE , DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE L] DELETE 5.1 TITLE	Change L Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	I
ADDRESS ADDRESS AND ADDRESS AN	
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP	

officer or director of the corporation supplemental amount report is true and accurate and that my signature shall have the same legal effect as it 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. Michgel H. Herrock