

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000052381 (9)**

1. Corporation Name

GINO ANTHONY INCORPORATED



Principal Place of Business

**5740 NW 54TH LANE
TAMARAC FL 33319**

Mailing Address

**5740 NW 54TH LANE
TAMARAC FL 33319**

2. Principal Place of Business

21 980 NORTH FEDERAL HWY

Suite, Apt. #, etc.

22 106

City & State

23 BOCA RATON, FL

Zip

24

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 491906

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33349

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/16/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0425063

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**RYAN, MARIA
5740 NW 54TH LANE
TAMARAC FL 33319**

10. Name and Address of New Registered Agent

81 Name

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

980 NORTH FEDERAL HIGHWAY, #106

83

84 City

BOCA RATON

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 or printed name of registered agent, if not applicable

Signature typed or printed name of registered agent, if not applicable

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **RYAN, EUGENE**
STREET ADDRESS **5740 NW 54TH LN**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **SD** ☐ DELETE

NAME **RYAN, MARIA**
STREET ADDRESS **5740 NW 54TH LN**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **P.O. BOX 491906**
14 CITY-ST-ZIP **FT. LAUDERDALE, FL 33349**

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **P.O. BOX 491906**
24 CITY-ST-ZIP **FT. LAUDERDALE, FL 33349**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**100001869901
-06/20/96--01069--018
***200.00**

5/1/98

6/7/98

5613381738

Date

Signature/Block #

CR2E034 (12/95)