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PROFIT FLOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | # E | 92957 | |
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(5)

GANZO LTD., INC.

ANNUAL REPORT

1997

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|---|-----------------------------|----------------|
| | Principal Place of Business | Maiting Addres |

FILED Apr 25 1997 8:00am Secretary of State

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4/19/97 407-314-46

| 2433 RIVERTREE CIRCLE SANFORD FL 32771 | | 2433 RIVERTREE CIRCLE SANFORD FL 32771-6334 | | | | | | |
|---|--|--|--------------------------------|---|--|--|--|----------------------------------|
| | | | | | 3. Date Incorporated or Qualified 11/13/1978 | 1 | le of Last F | Report |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | 59-2138116 | | N | ot Applicable |
| Suite Apt. : 22] | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 4 | Additional equired |
| City & State |) | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 | 29 | 30 | | 7.0 | |] No | |
| | 9. Name and Address of | Current Registered Agent | | | 10. Name and Address of New Reg | gistered A | lgent | -, |
| FARI | ad fred | | 8. | Name | | | | |
| 2433 | RIVER TREE CIRCLE | | 8 | Street Add | tress (P.O. Box Number is Not Acceptab | le) | | |
| SAN | FORD FL 32771 | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | ······································ | | .,, |
| | | | 8: | 3 | | | | |
| | | | 8 | City | | | 85 Zip | Code |
| | | | | 0113 | | FL | 100 | O |
| office or re agent 1 as SIGNATURE | egistered agent, or both, in the rulamiliar with, and accept the | | | | ation's board of directors. I hereby accep | | ointment as | s registered |
| | Signature, typed or printed name of regi | | | ent signature requ | lired when reinstaling) | DATE | SUPERIOR | 50 111 40 |
| 12. | | ERS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | Addition |
| TITLE | P | ☐ DELETE | 1.1 TITLE | - 1 | | | Change | Addition |
| NAME (| FARJAD, FRED | | 1.2 NAME | 1 | | | | |
| STREET ADDRESS | 2433 RIVERTREE CIR | | 1.3 STRE | ET ADDRESS | | | | |
| CITY S1 7IP | SANFORD FL | | 1.4 CITY | | | | | |
| THILE | V | ☐ DELETE | 21 TITLE | | | | Change | Addition |
| NAME | FARJAD, TINO | | 2.2 NAMI | 1 | | | | |
| STREET ADDRESS | 2433 RIVERTREE CIR | | | ET ADDRESS | | | | |
| DITY-ST-7/P | SANFORD FL | | 2 4 CITY | | | | 1 0 | T 1 4 4 8 5 5 |
| TOTE | | ☐ DELETE | 3 1 TITLE | 1 | | | ☐ Change | Addition |
| N4Mi { | | | 3.2 NAM | | | | | |
| STREET ADDRESS | | | | et address | | | | |
| CITY - ST - ZIP | | DELETE | 3.4 CITY | | | | Change | Addition |
| TITLE | | L. DELETE | 4.1 TITLE | (| | | L Unange | Montion |
| NAME. | | | 4. 2 NAM | | | | | |
| STREET ADDRESS | | | | FT ADDRESS | | | | |
| City - St - 7IP | | - Bri Fre | 4.4 City | | | | Chance | 1 Addition |
| THE | | DELETE | 5.1 TISLE | f | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | į. | | | | |
| STREET ADDRESS | | | | ET ADORESS | | | | |
| CITY-S1-ZIP | · · · · · · · · · · · · · · · · · · · | [] DELETE | 5.4 CITY | | | | Change | Addition |
| TITLE | | C DETELE | 61 TITLE | - 1 | | | U Crange | L.J. Addition |
| NAME | | | 6.2 NAM | T I | | | | |
| STREET ADORESS | | | | et Aodress | | | | |
| CITY - S1 - ZIP | | | 6.4 CITY | ST-ZIP | - C | - 1 K | - and E . Al. : | |
| information Lam an o | by certify that the information in indicated on this annual re- ff-cer or director of the corooi | supplied with this filling does not qua port or supplemental annual report is ration or the receiver or trustee empo | illy for the ex true and ac | temption state curate and the ocute this rene | ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S | s, i juriner li effect as tatutes, a | certify that If made ui nd that my | เ เกย nder oath, that name |