

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90012 048 ***150.00

DOCUMENT # F93000001760

1. Corporation Name

GANIS CREDIT CORPORATION

Principal Place of Business
660 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

Mailing Address
660 NEWPORT CENTER DRIVE
NEWPORT BEACH CA 92660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number

95-3737685

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 Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

VARONA, ANTHONY M
3001 NORTH ROCKY POINT ROAD, #335
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTCD	KIRWAN, ROGER T	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input type="checkbox"/>
VD	PERRY, RICHARD D	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/>
V	HAMMER, MICHAEL H	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/>
VAS	GRIMALDI, STEVEN E	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input type="checkbox"/>
V	ARIENTI, EDWARD J	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	LANNON, PETER K	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	KLIGER, GARTH M	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	GRIMALDI, STEVEN E	660 NEWPORT CENTER DRIVE	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99

949 640-0420

CR2E034 (11/98)