

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 90039 024 ***150.00

DOCUMENT # F97000006399

1. Corporation Name
GZ SPADA, INC.

Principal Place of Business
79 CASCADE TERRACE
SCHENECTADY NY 12309

Mailing Address
79 CASCADE TERRACE
SCHENECTADY NY 12309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1997

4. FEI Number
-14-1792077- 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

2. Principal Place of Business
21 4520 Golf Club Lane
Suite, Apt. #, etc.

2a. Mailing Address
26 4520 Golf Club Lane
Suite, Apt. #, etc.

22 City & State
23 Brooksville FL
Zip Country
24 34609 25 US

27 City & State
28 Brooksville FL
Zip Country
29 34609 30 US

9. Name and Address of Current Registered Agent

ZINSER SPADA, GAIL S
4700 SWALLOWTAIL DR
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
Gail Zinser - Spada
4520 Golf Club Lane
Brooksville FL 34609

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 607.0503, 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 CPT ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
ZINSER SPADA, GAIL S
4700 SWALLOWTAIL DR
NEW PORT RICHEY FL 34653

TITLE VCVS ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SPADA, ANTHONY
79 CASCADE TERRACE
SCHENECTADY NY 12309

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
4520 Golf Club Lane
Brooksville FL 34609

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
4520 Golf Club Lane
Brooksville FL 34609

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 #

Gail Zinser Spada (Gail Zinser Spada) 1/25/99 852 7962520

CR2E034 (11/98)

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