


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

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

03-22-1999 90039 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4520 Golf Club Lane Suite, Apt. #, etc. 22 City & State 23 Brooksville FL Zip Country 24 34609 25 US	2a. Mailing Address 26 4520 Golf Club Lane Suite, Apt. #, etc. 27 City & State 28 Brooksville FL Zip Country 29 34609 30
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3. Date Incorporated or Qualified 12/05/1997	4. FEI Number 14-1792077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 **Gail Zinser - Spada**
 82 Street Address (P.O. Box Number is Not Acceptable)
4520 Golf Club Lane
 83
 84 City **Brooksville** 85 Zip Code **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 *Gail Zinser Spada* DATE 1/25/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	ZINSER SPADA, GAIL S	
STREET ADDRESS	4700 SWALLOWTAIL DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VCVS	<input type="checkbox"/> DELETE
NAME	SPADA, ANTHONY	
STREET ADDRESS	79 CASCADE TERRACE	
CITY-ST-ZIP	SCHENECTADY NY 12309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4520 GOLF CLUB LANE
1.4 CITY-ST-ZIP	Brooksville FL 34609
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4520 GOLF CLUB LANE
2.4 CITY-ST-ZIP	Brookville FL 34609
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gail Zinser Spada* (Gail Zinser Spada) DATE 1/25/99 DAYTIME PHONE # 852 796 2520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)