FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:47

DOCUMENT # **M92858** **(3)**

1. Corporation Name
GINEZ HOLDINGS, INC.

Principal Place of Business	Mailing Address
386 SHEFFIELD CIRCLE PALM HARBOR FL 34683	386 SHEFFIELD CIRCLE PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1988**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **59-2903310** ☐ 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 § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J
28050 U.S. HWY. 19 NORTH
STE. 501
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: STEPHAN GINEZ
82 Street Address (P.O. Box Number is Not Acceptable): 386 SHEFFIELD CIRC
83
84 City: PALM HARBOR FL 85 Zip Code: 34683

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 of New Registered Agent, if changing) STEPHAN GINEZ (Name of New Registered Agent, Typed or Printed) 01-25-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GINEZ, ALFRED 920 ELDORADO DRIVE CLEARWATER FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change ☐ Addition
21 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GINEZ, STEPHANE L. 386 SHEFFIELD CIRCLE PALM HARBOR FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
31 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GINEZ, DANIELLE C. 386 SHEFFIELD CIRCLE PALM HARBOR FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
41 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
51 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
61 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

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 (Chapter) 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: STEPHAN GINEZ 01.25.95
(SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR) (Date)
813 461 6898
(Daytime Phone)

0360530 CP