

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M92858** (3)

1. Corporation Name

GINEZ HOLDINGS, INC.



Principal Place of Business

**386 SHEFFIELD CIRCLE
PALM HARBOR FL 34683**

Mailing Address

**386 SHEFFIELD CIRCLE
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified
08/05/1988

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 **655 S. GULFVIEW BLVD**

2a. Mailing Address

26 **655 S. GULFVIEW BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **CLEARWATER BCH, FL 34630**

City & State

28 **CLEARWATER BCH, FL**

Zip

24 **FL 34630**

Country

25 **USA**

Zip

29 **34630**

Country

30

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GINEZ, STEPHEN
386 SHEFFIELD CIRC
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name

STEPHAN GINEZ

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

655 S. GULFVIEW BLVD

83

84 City

CLEARWATER BCH

FL

85 Zip Code

34630

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

STEPHAN GINEZ

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent must sign when reinstating)

04-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GINEZ, ALFRED**
STREET ADDRESS **920 ELDORADO DRIVE**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME **D GINEZ, STEPHANE L.**
STREET ADDRESS **386 SHEFFIELD CIRCLE**
CITY - ST - ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
NAME **D GINEZ, DANIELLE C.**
STREET ADDRESS **386 SHEFFIELD CIRCLE**
CITY - ST - ZIP **PALM HARBOR FL**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-96 8134616298
Date Daytime Phone #

CR2E034 (12/95)