

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010294 (6)

1. Corporation Name

GREGZAC ENTERPRISES, INC.

Principal Place of Business

**10025 SUNSET STRIP
SUNRISE FL 33322**

Mailing Address

**10025 SUNSET STRIP
SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21 3301 NW 97th Terrace

2a. Mailing Address

26 3301 NW 97th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

Broward

Zip

33351

Country

Broward

4. FBI Number

65-0373667

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 S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SPELIOS, LISA
20335 OLD CUTLER RD. #200
MIAMI FL 33189**

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 firm if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SPELIOS, LISA**
STREET ADDRESS **20335 OLD CUTLER RD. #200**
CITY-ST-ZIP **MIAMI FL 33189**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **ST** ☐ Change ☒ Addition
12 NAME **SPELIOS, LORIS**
13 STREET ADDRESS **20335 Old Cutler Rd #200**
14 CITY-ST-ZIP **MIAMI, FL 33189**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

305(245-8833)