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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000023653 (7)

CININ 9 CO INC

GINN (X CO., INC.					- 100000 10 1010 100 000 100 1 00 		
Principal Plac	e of Business	Mailing Addre	ess		 ,,		0	
11854 PEBBI	EWOOD DR	11854 PEBBL	EWOOD DR					
#102A #102A						DO NOT MOITS IN T	HC COACE	
WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33 US US			BEACH FL 33414	414		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
00		03				03/30/1993		
2. Principal F	Place of Business	2a. Mailing Ad	dress			4. FEI Number	I An	plied For
ที		26	26			65-0411106	├ ─┼	t Applicable
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		<u></u>	\$8.75		
2		27	27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
3		28				Trust Fund Contribution	Added t	
Zip ~¬	Country	Zip	⊢ ,	Countr	У	B. This corporation owes or has paid the		
4	25	29	30	_		Personal Property Tax due June 30.		No
	9, Name and Address of Cur	teur negisteten wöst	11	81	Name	10. Name and Address of New Registe	red Agent	 -
GINN, ROBERT E					1401116			
11854 PEBBLEWOOD DR				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
102A WEST PALM BEACH FL 33414					 			
					' }			
					City		85 Zip (Code
SIGNATURE	Signature, typed or printed name of registeric					poration submits this statement for the purpo- tion's board of directors. I hereby accept the		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 TITLE			Change	Addition
NAME	GINN, ROBERT E		1.2 NAME					
STREET ADDRESS	11854 PEBBLEWOOD DRIV		l l	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL 3341	4	J	1.4 CITY-	ST-ZIP			
TITLE			DELETE	21 TITLE			Change	Addition
NAME)		}	2.2 NAME	}			
STREET ADDRESS			L	2.3 STREE	T ADDRESS	the state of the s		
CITY-ST-ZIP			J	2. 4 CITY-	ST-ZIP			
TITLE			DELETE	3 1 TITLE			Change	Addition Addition
NAME			1	3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				-				
TITLE				3.4. CITY-				
name)						Change	Addition
				3.4. CITY-	ST-ZIP		Change	Addition
STREET ADDRESS				3.4. CITY- 4.1 THLE 4.2 NAME	ST-ZIP		☐ Change	Addition
			DELETE	3.4. CITY- 4.1 THLE 4.2 NAME	ST-ZIP T ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE				3.4 CITY- 4.1 THLE 4.2 NAME 4.3 STREE	ST-ZIP T ADDRESS		Change	Addition

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 suppliemental 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 allochment with an address.

5 3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

ROBERT E. GINN 4/13/98 (561) 190-

FILED

Apr 27 1998 8:00am

Secretary of State

Change Addition