FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000052381 (9)**

1. Corporation Name

GINO ANTHONY INCORPORATED

Principal Place of Business	Mailing Address
5740 NW 54TH LANE TAMARAC FL 33319	5740 NW 54TH LANE TAMARAC FL 33319

2. Principal Place of Business 21 980 NORTH FEDERAL HWY	2a. Mailing Address 26 P.O. BOX 491906
Suite, Apt. #, etc 22 106	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 / 25 U.S.A.	Zip / Country 29 33349 / 30 U.S.A.

3. Date Incorporated or Qualified 07/16/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0425063	☐ 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 XX Yes ☐ No	

9. Name and Address of Current Registered Agent

RYAN, MARIA
5740 NW 54TH LANE
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 980 NORTH FEDERAL HIGHWAY, #106

83

84 City BOCA RATON 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		XX Change ☐ Addition
NAME	RYAN, EUGENE		12 NAME		
STREET ADDRESS	5740 NW 54TH LN		13 STREET ADDRESS	P.O. BOX 491906	
CITY-ST-ZIP	TAMARAC FL 33319		14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33349	
TITLE	SD	☐ DELETE	21 TITLE		XX Change ☐ Addition
NAME	RYAN, MARIA		22 NAME		
STREET ADDRESS	5740 NW 54TH LN		23 STREET ADDRESS	P.O. BOX 491906	
CITY-ST-ZIP	TAMARAC FL 33319		24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33349	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	100001869901	
STREET ADDRESS			53 STREET ADDRESS	-06/20/96--01069--018	
CITY-ST-ZIP			54 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

5/1/96

CR2E034 (12/95)

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)(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.

SIGNATURE: Eugene Ryan 6/7/96 5613381738

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