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CORPORATION ANNUAL REPORT 1998 **DOCUMENT** # GINAU, INC.



ELORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000095287 (4)

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 520-114 OAK TERRACE 520-114 OAK TERRACE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3412570 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Zip Country Zφ 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 30 25 29 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name MARC P. OSSINSKY, P.A. 210 N WYMORE ROAD Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 **B**3 84 City **B**5 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. (NOTE Registered Agent signature required when reinstating (10/97)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. X) DELETE 1.1 TITLE **X** Change Addition TITLE GINGOLD, BARBARA 520-114 DAN TERRACE GINGOLD, ALBERT CR2E034 NAME 1.2 NAME 520-114 OAK TERRACE STREET ADDRESS 1.3 STREET ADDRESS AltAMODIE SPRINGS, IEL 32701 ALTAMONTE SPRINGS FL 32701 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-ZIP DELETE Change Addition TITLE 5.1 HTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

4. Thereby 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 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:

Darbara Thegard

407/831-8219 3-29-98