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Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90046 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S29747 1. Corporation Name

GINA'S ER INC.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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Principal Place of Business Mailing Address						F INTLINIA IIA MANA INIM INIM INIM	61811 1881 BIBIT B		
Filliabar Flace of Business									
% GINA RODGERS % GINA RODGERS 2921 DAVIE BLVD. 2921 DAVIE BLVD.					Ì		OTE IN THE	CDACE	
FT. LAUDERDALE FL 33312-3936 FT. LAUDERDALE FL 33312-393			1936		Ļ		RITE IN THIS	SPACE	:
						3. Date Incorporated or Qualif	Đ€	-	
						02/06/1991			r. 4 F
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			lied For
21 26						<u>65-0242972</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_5Certificate of Status Desired		\$8.75 Ad Fee Req	
22	27						<u>-</u>		
City & State		City & State	City & State			6. Election Campaign Financi	¹g □	\$5.00 M Added to	
23		28				Trust Fund Contribution			
Zip	Country			ountry 8. This corporation owes the current year Intangible Personal Property Tay Yes					
24	25 29 30			Personal Property Tax. Li Yes CANO 10. Name and Address of New Registered Agent					
	9. Name and Address of Curren	t Registered Agent		41 44		10. Name and Address of Ne	w Kegistered	Agein	
			8	1 Name)				
ROGERS, GINA			8:	2 Street	t Addres	s (P.O. Box Number is Not Acc	eptable)		
2921 DAVIE BLVD.			L			All the second s	English (Masser)		2.18.21.48.2
FT. LAUDERDALE FL 33312			8	3					
			8	4 City			# 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip Co	ode
				1 7			FL	<u>- </u>	
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations of the obligations of the state of the obligations of the state o	tions of, Section 607.0505, Flori	da Statute	es.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	's board of directors. I hereby a	DATE	intment as regi	istered
	Signature, typed or printed name of registered ager		.13.	Jent signature	- Indento	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 12
12.		D DIRECTORS	1.1 TITLE		1	A STATE OF THE STA		Change	☐ Addition
TITLE	PD CONTROL COMM	, discour	1.2 NAME	-		· · · · · · · · · · · · · · · · · · ·			
NAME	RODGERS, GINA	•	1			•			Ì
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CITY-ST-ZIP	FT. LAUDERDALE FL	- I ocusti	1.4 CITY		-			☐ Change	Addition
TITLE	, ,	☐ DELETE	2.1 TITLE			•			
NAME			2.2 NAMI		_ }				
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CITY-ST-ZIP				/-ST-ZIP_				☐ Change	Addition
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ļ			4. 2 NAN	ME					
NAME AND DESCRIPTION			4.3 STR	EET ADDRES	ss		-		
STREET ADDRESS	1	*,	44 CITY	-ST-ZIP					
CITY-ST-ZIP		- DELETE	5.1 TITL					☐ Change	☐ Addition
TITLE			5.2 NAM			***			}
NAME			1		1	•			1

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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

___ Addition