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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S61827** **(9)**

1. Corporation Name
GINPRO INC.

Principal Place of Business	Mailing Address
114 HAMPTON CIRCLE JUPITER FL 33458 US	114 HAMPTON CIRCLE JUPITER FL 33458-8115 US

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 05/30/1996

2. Principal Place of Business
21 6230 Indiantown Road
Suite, Apt. #, etc.
22 Suite 10
City & State
23 Jupiter, FL
Zip 24 33458 Country 25 USA

2a. Mailing Address
26 6230 Indiantown Road
Suite, Apt. #, etc.
27 Suite 10
City & State
28 Jupiter, FL
Zip 29 33458 Country 30 USA

4. FEI Number: 65-0268880 ☐ 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**
SWICK, VIRGINIA G.
114 HAMPTON CIRCLE
JUPITER FL 33458

10. **Name and Address of New Registered Agent**
81 Name: James M. Horne
82 Street Address (P.O. Box Number is Not Acceptable): 6230 Indiantown Road
83 Suite 10
84 City: Jupiter FL 85 Zip Code: 33458

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: ⊗ James M Horne James M. Horne 3-10-97
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	P ☒ Change ☒ Addition
NAME	PROHASKA, JOHN N.	1.2 NAME	James M. Horne
STREET ADDRESS	114 HAMPTON CIRCLE	1.3 STREET ADDRESS	6230 Indiantown Road, #10
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	VP ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PROHASKA, JEFFREY P.	2.2 NAME	
STREET ADDRESS	114 HAMPTON CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	SWICK, VIRGINIA G.	3.2 NAME	
STREET ADDRESS	114 HAMPTON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: ⊗ James M Horne James M. Horne 3-10-97 561-744-5506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #