Apr 20, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03528

THE GINGERICH GROUP, INC.

| Principal Place of Business Mailing Address | | | | | | | | i intil dieter aties tries sille siber inte dent anne anne arner anne | 181 | |
|---|---|--------|-------------------------|---------------|----------------|--------------------|---|--|---------------|--|
| 1409 BANYAN CIRCLE | | | 1409 BANYAN CIRCLE | | | | | | | |
| POMPANO BCH FL 32069 | | | POMPANO BCH FL 33069 | | | | | DO NOT WRITE IN THE SPACE | | |
| us us | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | |
| | | | | | | | | 12/30/1991 | | |
| - 0-111 00 | land of Business | 1 = | Mailing Address | | | | | 4. FEI Number Applied For | .— | |
| | lace of Business | _ | Mailing Address | | | | | 65-0303094 Not Applica | | |
| 21 | | | Suite, Apt. #, etc. | | | | | \$8.75 Additiona | | |
| Suite, Apt. #, etc. | | | _ | | | | | 5. Certificate of Status Desired Fee Required | ' | |
| City & State | | | City & State | | | | | | \dashv | |
| City & State | | | 28 | | | | | 6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 23 Zip | | | | untry | , - | | This corporation owes the current year Intangible | | | |
| | [25] | 29 | | 30 | | | | Personal Property Tax. | - 1 | |
| 24 | g. Name and Address of Current | | tered Agent | (30) | Т | | | 10. Name and Address of New Registered Agent | \neg | |
| | g, tenine and Address of Cartesia | togio | | | 81 | Nai | ne - | | \neg | |
| GING | BERICH, ROGER A. | | | | | <u> </u> | | | —(| |
| 1409 BANYAN CIRCLE | | | | 82 Street Add | | et Addre | ress (P.O. Box Number is Not Acceptable) | - 1 | | |
| POMPANO BCH FL 33069 | | | | | | - | - | | \neg | |
| | | | | | 83 | ļ | | | | |
| | | | | | 84 | City | , | FL 85 Zip Code | Į | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the | | | | | above | 0.000 | ed come | | ed be | |
| office or o | enistered agent, or both, in the State of | Florid | ta. Such chance was at | uthoriz | ed by | the c | orporation | ion's board of directors. I hereby accept the appointment as registered | | |
| agent. I a | m familiar with, and accept the obligation | ons of | , Section 607.0505, Flo | rida St | atutes | . | | | | |
| SIGNATURE | | | E OLOTE | . 0 | | -4 -! - | | ed when reinstating) DATE | ļ | |
| | Signature, typed or printed name of registered agent OFFICERS AND | | | . Register | | in signa | ore reduired | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 | 亓 | |
| TITLE | P | Direc | DELETE | | TITLE | | ~ | Change Add | | |
| l l | YOUNG, ROBERT F., JR. | | | - 1 | NAME | | 1 | | } | |
| NAME | 3810 NW 3RD TERR | | | | STREET | T ADDD | | | | |
| STREET ADORESS | POMPANO BCH FL | | | | | | -33 | | } | |
| CITY-ST-ZIP | ST | | ☐ DELETE | _ | CITY-S | 1-ZIP | _ | ☐ Change ☐ Ade | dition | |
| ΠπLE | = - | | L., DELL'IL | | NAME | | Ī | 2 , 2 | | |
| NAME | GINGERICH, ROGER A. | | | | | 7.400= | -60 | | \ | |
| STREET ADDRESS | 3810 NW 3RD TERR | | | | STREE | | 255 | | | |
| CITY-ST-ZIP | POMPANO BCH FL | | | | | 2.4 CITY-ST-ZIP | | Change Ad | dition | |
| TITLE | ONO EDIOLE OLIO AND | | | | 3.2 NAME | | ~ | المستقل المستق | | |
| NAME | GINGERICH, SUSAN | | | | | | | | 1 | |
| STREET ADDRESS | 1409 BANYAN CIRCLE | | | | STREE | | SS | | 1 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | | O DELETE | | . CITY-5 | ST-ZIP | | [] Change | dition | |
| TITLE | | | ☐ DELETE | 4 | TITLE | | | EJ Change EJ Ave | ,,,,,,,,, | |
| NAME | is | | | - 1 | NAME | | - } | | - 1 | |
| STREET ADDRESS | | | | | STREE | | ESS | | | |
| CITY-ST-ZIP | | | | _ | CITY-S | T-21P | | | dition | |
| TITLE | | | ☐ DELETE | | TITLE | | | ☐ Change ☐ Add | ן חטוויג | |
| NAME | | | | | NAME | | | | | |
| STREET ADDRESS | | | | | STREE | | ESS | | | |
| CITY-ST-ZIP | | | | | CITY-S | T-ZIP | | | alisia | |
| TITLE | | | ☐ DELETE | | TITLE | | | ☐ Change . ☐ Ad | JILION | |
| NAME | | | | 6.2 | NAME | | | | | |

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 chapter or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: 4

STREET ADDRESS