

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

FILED
Jan 28 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F96000002959 (2)
 1. Corporation Name
GENESIS FINANCIAL SERVICES, INC.



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|--|---|
| Principal Place of Business 1095 SHOTGUN RD SUNRISE FL 33326 | Mailing Address 9600 W SAMPLE RD #404 CORAL SPRGS FL 33065 US |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------------|--|--|--|
| 2. Principal Place of Business 21 9600 West Sample Rd | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 06/13/1996 | |
| Suite, Apt. #, etc. 22 404 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0375553 | |
| City & State 23 Coral Springs FL | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33065 | | Country 25 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 29 | | Country 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**HERMANN, RICHARD F
 1095 SHOTGUN RD
 SUNRISE FL 33326**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Richard F Hermann |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9600 West Sample Road |
| 83 Suite 404 |
| 84 City Coral Springs |
| 85 State FL |
| 86 Zip Code 33065 |

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: *[Signature]* DATE: **1/14/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP HERMANN, RICHARD F 9600 W SAMPLE RD #404 CORAL SPRGS FL | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC SOSCIA, LOUIS 9600 W SAMPLE RD #404 CORAL SPRGS FL | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *[Signature]* DATE: **1/14/98** **9603046321**

CR2E034 (10/97)