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 # L67694 1. Corporation Name

GENESIS PROPERTY AND LANDSCAPE MANAGEMENT SERVIC ES, INC.

Principal Place	e of Business	Mailing Address			{			
2811 ADAMS ST	т ·	2811 ADAMS ST						•
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
					04/20/1990			
2. Principal Pla	lace of Business	2a. Mailing Address			4. FEI Number		Appli	ed For
21		26			65-0255483	<u></u>	Not A	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1	3.75 Ad	I
22		27			5. Certificate of Status Desired	<u> </u>	Fee Requ	rired
City & State	e	City & State			6. Election Campaign Financing	\$	5.00 м	ay Be
23		28			Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Count	y	8. This corporation owes the curre	nt year Intangib	le _	_
24	25	29	30		Personal Property Tax.	<u></u>]No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agen	t	
-			8	1 Name				ļ
FATOUT STEVE 2811 ADAMS ST			8	2 Street Δ	Street Address (P.O. Box Number is Not Acceptable)			
				Z Olloci A	BELAUTESS (F.O. BOX HUMBER IS NOT ACCOPANCE)			
HOLI	LYWOOD FL 33020		8	3			制制器	
			-	4 City		85	Zip Co	de
			I .	1 '		⊢Lì	-,	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abo	ve-named c	corporation submits this statement for the	ourpose of chan	ging its re	gistered
office or re	egistered agent, or both, in the State	of Florida, Such change was a	uthorized b	y the corpor	corporation submits this statement for the partition's board of directors. I hereby accep	tine appointme	nt as regis	steted
		ations of Section 607.0303, File	ilua Statuti	, a.		Ilma los	•	
		2 A 27				1/2/4/71		
SIGNATURE	Signature, based or printed name of registered age	ent and title if applicable. (NOTE	: Registered A		quired when reinstating)	70477		
SIGNATURE 7	Signature, typed or printer name of registered age	ent and title if applicable. (NOTE ND DIRECTORS	: Registered A		quired when reinstating) ADDITIONS/CHANGES TO OFF		RECTOR	
12.	Signature, typed or printed name of registered age OFFICERS A	ent and trile if applicable. (NOTE ND DIRECTORS DELETE		ent signature red		ICERS AND DI	RECTOR Change	
TITLE	P	ND DIRECTORO	13.	ent signature red		ICERS AND DI		S IN 12
TITLE NAME	P WARRICK, ROGER W.	ND DIRECTORO	13. 1.1 TITLE 1.2 NAM	ent signature red		ICERS AND DI		S IN 12
TITLE NAME STREET ADDRESS	P WARRICK, ROGER W. 1100 N. 31ST COURT	ND DIRECTORO	13. 1.1 TITU 1.2 NAM 1.3 STRI	ent signature red		ICERS AND DI		S IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90060 038 ***150.00