PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400033603

1. Corporation Name

GENNA TRANS CORP.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90212 011 ***150.00



Principal Place	e of Business	Ma	iling Address					- 1 50041000 1010 10114 01014	BBILL BBIS		arde teste esta i	19:00 IIII 1801
1611 N.W. 102 DR. 1611 N.W. 102 DR.												
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071				1				BO NO	TIMBITI	. IN THIC	CDACE	
								3. Date incorporated or Qu		IN THIS	SPACE	··· ·
								- 05/02/1994	Jameu			}
• - Dain single Di	to a of Duels oon	10-	Mailing Address	<u> </u>				4. FEI Number			I An	plied For
<u> </u>	lace of Business	2a.	Maning Address					NOT APPLICABLE	:		_ 	t Applicable
21 Suite, Apt.	# etc	26	Suite, Apt. #, etc.								\$8.75	
22	m, 610.	27	——— , . — , ——					5. Certificate of Status Des	sired		Fee Re	quired
City & State	е -		City & State					6. Election Campaign Fina	encing		\$5.00	May Be
23		28	•					Trust Fund Contribution		П.,	Added	o Fees
Zip	Country		Zip	Col	untry			8. This corporation owes t	he curre	nt year Inta	angible	
24	25	29		30				Personal Property Tax.				PNO'
	9. Name and Address of Curre	nt Regist	tered Agent		\Box			10. Name and Address of	New Re	gistered	Agent	
					81	Nam	е					
	IK, SUSAN				82	Stree	t Addre	ss (P.O. Box Number is Not	Acceptat	ole)		*
	I N.W. 102 DR.	•			L							
COR	ial springs FL 33071				83							
					84	City					85 Zip (Code
1	1				'	~ ~				FL	. '	
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 60	07.1508, Florida Statu	tes, the a	bove	e-name	d corpo	ration submits this statement	for the p	urpose of	changing its	registered gistered
office or n	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florid ations of.	a. Such change was a Section 607.0505, Fig.	autnorize orida Sta	a by tutes	ine coi	poration	is poard or directors, i nereb	y accept	пте арроп	ianoni as io	91010100
ugunt. , u	att tarrandr that are accept are cong	,										í
DIGNISTING												ì
SIGNATURE	Signature, typed or printed name of registered ag	ent and title i	f applicable. (NOT	E: Registere	d Agen		e required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A		CTORS	13.			e required	when reinstating) ADDITIONS/CHANGES	TO OFF			
				13.			e required		TO OFF		D DIRECTO	
12.	OFFICERS A		CTORS	13.			e required		TO OFF			
. 12.	OFFICERS A D RIBAK, SUSAN 1611 N.W. 102 DR.		CTORS	13. 1.1 T	TTLE IAME				TO OFF			
. 12. TITLE NAME	OFFICERS A D RIBAK, SUSAN		CTORS DELETE	13. 1.1 T 1.2 N 1.3 S	TTLE IAME	nt signatur			TO OFF		Change	Addition
. 12. TITLE NAME STREET ADDRESS	OFFICERS A D RIBAK, SUSAN 1611 N.W. 102 DR.		CTORS	13. 1.1 T 1.2 N 1.3 S	TTLE IAME STREET	nt signatur			TO OFF			
. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D RIBAK, SUSAN 1611 N.W. 102 DR.		CTORS DELETE	13. 1.1T 1.2 M 1.3 S 1.4 C 2.1 T	TTLE IAME STREET	nt signatur			TO OFF		Change	Addition
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP