

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -7 AM 11: 05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000087643 (0)

1. Corporation Name

GENESIS BUS SERVICES, INC.

Principal Place of Business

1957 NE 177 STREET
N MIAMI FL 33162

Mailing Address

1957 NE 177 STREET
N MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1994** 3a. Date of Last Report

4. FEI Number: **65-0538084** 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. Has corporation been liable for a criminal tax offense since 12/31/94? Florida Statutes: Yes No

2. Principal Place of Business

21. State, Apt. # etc.

22. City & State

24. State

2a. Mailing Address

26. State, Apt. # etc.

27. City & State

29. State

9. Name and Address of Current Registered Agent

**BOGLE, DEVON
1957 NE 177 STREET
N MIAMI FL 33162**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.05(3) and 607.15(3) 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 607.05(5), Florida Statutes.

SIGNATURE

(Print Name of Registered Agent or Agent for Service)

(Print Name of Registered Agent or Agent for Service)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PSTD BOGLE, DEVON 1957 NE 177 STREET N MIAMI FL 33162	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
NAME		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
NAME		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
NAME		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Sections 607.05(3) and 607.15(3) Florida Statutes. I further certify that this information is available for the annual report or supplemental annual report is true and accurate and that my corporation shall bear the same responsibility as if made under oath. That I am an officer or director of the corporation or its agent or business representative in submitting this report as required by Chapter 607, Florida Statutes, and that my name appears in Article 7, of the Articles of Incorporation or in an affidavit filed with an officer.

SIGNATURE:

Devon Bogle

DEVON BOGLE

Aug 7 -95

(305) 956-5762