


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90099 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087051

1. Corporation Name
GENESIS FINANCIAL NETWORK INC.

Principal Place of Business 13339 CORTEZ BLVD. BROOKSVILLE FL 34613-4888	Mailing Address 13339 CORTEZ BLVD. BROOKSVILLE FL 34613-4888
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 01/01/1996	
4. FEI Number 59-3351272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORNETT, PATRICIA A
13339 CORTEZ BLVD.
BROOKSVILLE FL 34613-4888

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAGUIRE, FLORENCE	
STREET ADDRESS	11331 ORANGEWOOD CT	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOLSTAD, MARY	
STREET ADDRESS	9448 NORTHCLIFF BLVD	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PASTORI, BETTY	
STREET ADDRESS	11332 ORANGEWOOD CT	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGROGAN, SUE	
STREET ADDRESS	6347 AIRMONT DR	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAGUIRE, FLORENCE	
1.3 STREET ADDRESS	11331 ORANGEWOOD CT	
1.4 CITY-ST-ZIP	SPRING HILL FL 34609	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUTLER, SHIRLEY	
2.3 STREET ADDRESS	7239 COVENTRY-CT.	
2.4 CITY-ST-ZIP	WEEKI WACHEE FL 34607	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PASTORI, BETTY	
3.3 STREET ADDRESS	11332 ORANGEWOOD CT	
3.4 CITY-ST-ZIP	SPRING HILL FL 34609	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Florence Maguire* Date: *Jan 11, 1999* Daytime Phone #: *(352) 597-3460*

CR2E034 (1/198)