

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

90 APR 29 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093927 (8)

1. Corporation Name  
**GENESIS ACQUISITION CORP.**



Principal Place of Business  
3910 U.S. HIGHWAY 301 N.  
SUITE 140  
TAMPA FL 33619

Mailing Address  
3910 U.S. HIGHWAY 301 N.  
SUITE 140  
TAMPA FL 33619

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	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	12/11/1995
4. FEI Number	59-3350109
5. Certificate of Status Desired	<input checked="" 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 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

**HUMPHRIES, J. GREGORY**  
201 E. PINE STREET  
SUITE 701  
ORLANDO FL 32801

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 \_\_\_\_\_ (NOT: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPCE	<input type="checkbox"/> DELETE
NAME	CALLAHAN, RICHARD J JR.	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MARRINER, BRUCE E.	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	
CITY-ST-ZIP	TAMPA FL	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	GODLEY, J. STEVE	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	CAREY, WILLIAM B	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	WHEELER, G. BRIAN	
STREET ADDRESS	9250 CYPRESS GREEN DR., STE 200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, MARK Y	
STREET ADDRESS	820 E. PARK AVE. BLDG. 1, SUITE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300002515909--7
1.4 CITY-ST-ZIP	-05/07/98--01101--008
2.1 TITLE	****158.75 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

*A. Alan*  
*4/29/98*

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, on an alphabetical list with an address.

SIGNATURE \_\_\_\_\_ DATE 4/28/98 912-620-4510

CR2E034 (10/97)