

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG 14 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # P96000022136 (1)

1. Corporation Name
GENISUS INTEGERS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1435 SYKES CREEK DRIVE MERRITT ISLAND FL 32953**
Mailing Address: **1435 SYKES CREEK DRIVE MERRITT ISLAND FL 32953**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/06/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		593366554		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	25	29	30	<input type="checkbox"/>			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**ANDERSON, PATRICK
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE FL 32901**

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

FL

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DAL VALLE, HOLLY A	1.2 NAME	DEL VALLE
STREET ADDRESS	1435 SYKES CREEK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DAL VALLE, JOHN B	2.2 NAME	DEL VALLE
STREET ADDRESS	1435 SYKES CREEK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	800002272588--3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/20/97--01094--003
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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.

SIGNATURE: **HOLLY A. DEL VALLE**
407-452-8755



AUGUST 6, 1997

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DEAR FL DEPT OF STATE:

ON 3/14/97 I WROTE CHECK #2483 TO FL. DEPT. OF STATE FOR \$165.00, SIGNED MY 1997 PROFIT CORP. ANNUAL REPORT, AND MAILED IT IN.

I HAVE NOW RECEIVED A DUPLICATE REPORT REQUEST STAMPED 2ND NOTICE, AND CHECK #2483 STILL HAS NOT CLEARED.

I HAD NOT MADE A COPY OF IT BECAUSE MY ACCOUNTANT HAD SAID IT WAS A REPORT, NOT A TAX. (MY ACCOUNTANT HAD NOT COPIED IT EITHER).

I CALLED TODAY AND SPOKE TO A GENTLEMAN NAMED DOUG. HE SAID TO REFILL IT OUT, AND SEND IT WITH A NOTE EXPLAINING WHAT HAPPENED (PLUS ANOTHER CHECK).

WE ARE A NEW COMPANY, JUST STARTING OUT; AND, I REALLY DID SEND THIS PROMPTLY THE FIRST TIME (IT STOOD OUT IN MY MEMORY BECAUSE OUR NAMES - DEL VALLE - HAD BEEN SPELLED INCORRECTLY).

WE'RE VERY SORRY OUR FIRST RESPONSE WASN'T RECEIVED. IF YOU WOULD ACCEPT OUR 2ND CHECK #2529, DATED 8/6/97 FOR \$165.00 AS FULL PAYMENT FOR OUR FILING AND FEES, WE WOULD GREATLY APPRECIATE IT.

THANK YOU FOR YOUR CONSIDERATION.

HOLLY A DELVALLE
PRESIDENT

P.S. WE TOOK A COPY OF THIS ONE.