

**HURRICANE FLOID**  
**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**99 OCT -7 AM 10:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

0020435

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000022136**  
 1. Corporation Name  
**GENISUS INTEGERS INC.**

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

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified  
**03/06/1996**

4. FEI Number  
**59-3366554**

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. This corporation owes the current year Intangible Personal Property.  Yes  No

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      25      29      30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      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 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DEL VALLE, HOLLY A</b>       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1435 SYKES CREEK DRIVE</b>   | 1.3 STREET ADDRESS                                    | <b>300003015323--0</b>  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL 32953</b>  | 1.4 CITY-ST-ZIP                                       | <b>10/14/99-01104-008</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>****150.00</b>   |
| NAME                       | <b>DEL VALLE, JOHN B</b>        | 2.2 NAME  | <b>****150.00</b>   |
| STREET ADDRESS             | <b>1435 SYKES CREEK DRIVE</b>   | 2.3 STREET ADDRESS                                    | <b>300003015323--0</b>  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL 32953</b>  | 2.4 CITY-ST-ZIP                                       | <b>-10/14/99-01104-009</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <b>****400.00</b>   |
| NAME                       |                                 | 3.2 NAME  | <b>****400.00</b>   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |   |
| 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                                    |   |
| 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                                       |   |

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. 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*      **HOLLY A. DEL VALLE**  
 9/15/99      407-523-8755

CR2E034 (5/99)