

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90205 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # V68104

1. Corporation Name
GENNAS, INC.



Principal Place of Business

Mailing Address

~~23427 SAN REMO DRIVE
 BOCA RATON FL 33443
 US~~

~~23427 SAN REMO DRIVE
 BOCA RATON FL 33433
 US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

2. Principal Place of Business

2a. Mailing Address

21 **5111 CORONADO RIDGE**
 Suite, Apt. #, etc.

26 **5111 CORONADO RIDGE**
 Suite, Apt. #, etc.

4. FEI Number

65-0399964

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 **33486** 25 **USA**

29 **33486** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CRAIG SANDMAN
 23427 SAN REMO DRIVE
 BOCA RATON FL 33433~~

**CRAIG SANDMAN
 5111 CORONADO RIDGE
 BOCA RATON, FL 33486**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **SANDMAN, CRAIG**
 STREET ADDRESS **23427 SAN REMO DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **V** DELETE
 NAME **POLIKOFF, CRAIG**
 STREET ADDRESS **2501 ROCK ISLAND**
 CITY-ST-ZIP **MARGATE FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SANDMAN, CRAIG** PRES.
 STREET ADDRESS **5111 CORONADO RIDGE**
 CITY-ST-ZIP **BOCA RATON, FL 33486**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ **4/14/99** **(54) 391-8895**
 Date Daytime Phone #

CR2E034 (11/98)