

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G75008 (4)**

1. Corporation Name

**GENESIS MARKETING GROUP, INC.**



Principal Place of Business

**1805 ATLANTIC ST #134  
MELBOURNE BEACH FL 32951**

Mailing Address

**1805 ATLANTIC ST #134  
MELBOURNE BEACH FL 32951**

3. Date Incorporated or Qualified

**12/19/1983**

3a. Date of Last Report

**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2379730**

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MUCZKO, JOHN  
1805 ATLANTIC ST. #134  
MELBOURNE BCH. FL 32951**

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

Signature, typed or printed name of registered agent and filer (applicant)

(If not Registered Agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUCZKO, JOAN	
STREET ADDRESS	1805 ATLANTIC ST. SUITE 134	
CITY- ST- ZIP	MELBOURNE FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MUCZKO, JOHN	
STREET ADDRESS	1805 ATLANTIC ST. #134	
CITY- ST- ZIP	MELBOURNE BCH. FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MUCEKO, A. CRAIG	
STREET ADDRESS	3629 BANK CIRCLE	
CITY- ST- ZIP	PLANO TX	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MUCZKO, WILLIAM J.	
STREET ADDRESS	1004 ROCK FELLER LANE	
CITY- ST- ZIP	ALLEN TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MUCZKO, GARY A.	
STREET ADDRESS	2093 AMHERST DRIVE	
CITY- ST- ZIP	LEWISVILLE TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input 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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*John Muczeko* **JOHN MUCZKO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/96**  
Date

**352-854-6973**  
Daytime Phone #

CR2E034 (12/95)