

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G75008**  
1. Corporation Name  
**GENESIS MARKETING GROUP, INC.**

(4)



Principal Place of Business  
**1805 ATLANTIC ST #134  
MELBOURNE BEACH FL 32951**

Mailing Address  
**1805 ATLANTIC ST #134  
MELBOURNE BEACH FL 32951-2455**

2. Principal Place of Business  
21 **11644 S.W. 75TH Circle**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **11644 S.W. 75TH Circle**  
Suite, Apt. #, etc.

22 City & State  
23 **OCALA FL**  
Zip Country

27 City & State  
28 **OCALA FL**  
Zip Country

3. Date Incorporated or Qualified  
**12/19/1983**

3a. Date of Last Report  
**04/23/1996**

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 **MUCZKO, JOAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11644 S.W. 75TH Circle**  
83  
84 City **OCALA** **FL** 85 Zip Code **34476**

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>11644 S.W. 75TH Circle</b>
1.4 CITY-ST-ZIP	<b>OCALA FL 34476</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>11644 S.W. 75TH Circle</b>
2.4 CITY-ST-ZIP	<b>OCALA FL 34476</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MUCZKO, A. CRAIG</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>1309 WINNIPEG DR.</b>
4.4 CITY-ST-ZIP	<b>LEWISVILLE TX 75067</b>
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 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:

*John Muczek*

4/1/97

352-680-3168

CR2E034 (9/96)