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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000066262 (3)

GENESIS MARKETING, INC.					
				A CERTARE SON FORDE MAINT MOUNT COME CONTRACT	111 <b>8 1</b> 1119 11111 11110 1181 1181
Dring's al Dig		14.10 4.1)			
· ·	be of Business	Mailing Address			
24753 TOWN PLACE OR 21218 ST ANDREWS BLVD BOCA RATON FL 33433 STS 246-		-			
US	11 14 00 100	BOCA RATON FL 33433		DO NOT WRITE IN THIS	S SPACE
		US		3. Date Incorporated or Qualified	,
				08/28/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7040 w. Suite, Apt.	PALMETTO PE. RD	26 7040 W. PAL	METTO PK, RD	65-0605549	Not Applicable
	475	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 4 - City & Stat		27 475 City & State		A Station Council of Figure 1	Fee Required
23 1300	_	28 130CA R	STONE FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24 334	33 25	29 33433 3	ō	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registered	<u></u>
ELLS, CHRISTOPHER E. E. S.Q.,					
633 S ANDREWS AVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
THIRD FLOOR			J- Silvest / tealle	is ( 10. Box 114.11501 to 110. 11000ptable)	d=
FT	LAUDERDALE FL 33301		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corpo	oration 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, Soction 607.0505, Florida Statutes.					
SIGNATURE		≠-	od Oldiolos.		
SIGNATURE	Signature, typed or printed name of rugistered agent	and title if applicable (NOTE: F	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTO	<b>☑</b> DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, LEE		1.2 NAME		
STREET ADDRESS	21753 TOWN PLACE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CITY+ST-ZIP		I Ohanaa Adalahaa
TITLE	PSTD		2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	TOUG W. PALMETTO	PKRD.	2.2 NAME		
·	BOCA RATON, FL	33433	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		C change L Addition
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP			3.4. CITY - ST - ZIP		İ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	-		4.3 STREET ADDRESS		
CITY-ST-ZIP	_		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		1	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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.

2/11/26 -11211 1191

**FILED** 

Mar 20 1998 8:00am

Secretary of State