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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 362922 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

GENIE BUILDING MANAGEMENT, INC.

								# # 	
Principal Place of Business Mailing Address									
637 2ND LN BAY E PO BOX 3522									
PO BOX 3522 VERO BEACH FL 32964					DO NOT WRITE IN THIS SPACE				
VERO BCH FL 32964						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						04/21/1970			
2. Principal P	lace of Business	2a. Mailing Ad	ldress			4. FEI Number		Applied For	
21		26				59-1289663		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #			#, etc.			5. Certificate of Status Desired		5 Additional	
22		27				3. Certificate of Charles Science	Fee	Required	
City & State		City & Sta	City & State			6. Election Campaign Financing	\$5.0)0 May Be	
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip		Country	'	8. This corporation owes the current year Intar	gible		
24	25	29	30			Personal Property Tax.	(Yes	□No	
	9. Name and Address of Currer	nt Registered Ager	nt			10. Name and Address of New Registered A	gent		
				81	Name				
SUT	HERLAND, JOHN H			-	0	(C.C. D. M. Harris Mat Assessable)			
321 21ST ST, BOX 100			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
VER	O BEACH FL 32960			83					
				"	1				
				84	City	FL	85 Z	ip Code	
					L			ite engistered	
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Fk of Florida, Such ch	orida Statutes, th anne was author	e abov ized by	e-named cor the comorat	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint	nanging nent as	registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 60	7.0505, Florida S	Statutes	i.	, , , , , , , , , , , , , , , , , , , ,		Ĭ	
SIGNATURE									
SIGIOTICITE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Regis	tered Age	nt signature requir	red when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD		DELETE 1	.1 TITLE	•		☐ Chan	ge	
NAME	RYDEEN,DONALD C		1	2 NAME	-				
STREET ADDRESS	307 BANYON WAY		1	.3 STREE	T ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL		1	.4 CITY-S	T-ZIP				
TITLE	VD			1 TITLE			Chan	ge Addition	
NAME	ROSNER.EVELYN	_		2 NAME					
	2740 S. PATRICK DRIVE				T 40000000				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	MELBOURNE FL	F-7		. 4 CITY-5	ST-ZIP	1.44(#14.45.45.45.45.45.45.45.45.45.45.45.45.45	Chan	ge Addition	
πιΕ	SD			.1 TITLE				ge [] Addition	
NAME .	RYDEEN, LOIS M		3	.2 NAME	ļ	•	• •	ļ	
STREET ADDRESS	307 BANYON WAY		3	.3 STREE	TADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL		, 3	.4. CITY-8	ST-ZIP				
TITLE			DELETE 4	.1 TITLE			Chan	ige	
NAME	uarante to 1 df			. 2 NAME					
STREET ADDRESS				.3 STREE	TADORESS				
CITY-ST-ZIP				.4 CITY-S	T-ZIP				
TITLE				1 TITLE			Chan	ge Addition	
		_	•	2 NAME	- 1			·	
NAME	1							,	
				3 STREE	TADORESS			į	
STREET ADDRESS					T ADDRESS			,	
CITY-ST-ZIP			5	4 CiTY-S			ግ ሮክላሳ	ne 🗆 Addition	
			DELETE 6				Chan	ge	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90064 037 ***150.00