


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760841**  
 1. Entity Name  
**LAWRENCE WILLIAM GENET MEMORIAL FREE LOAN FUND, INC.**



Principal Place of Business      Mailing Address  
 19080 NE 29TH AVE      19080 NE 29TH AVE  
 AVENTURA, FL 33180      AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2232401      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GENET (SANDOR F.)  
 99 NR 167TH STREET  
 MIAMI, FL 33162

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

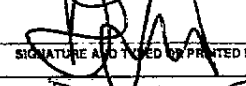
000000051855  
 02/16/04-80066-016 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENET (SANDOR F.) 17355 N.E. 9TH AVENUE N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GENET, (HELEN) 17355 N.E. 9TH AVE. N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BECKERMAN (SHELDON) 1255 N.E. 172ND STREET N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

**SIGNATURE:**       Date: 2/11/04      Daytime Phone #: 305-933-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Genet, J.M.D.