


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A96000001289	
GENESI FAMILY PARTNERSHIP, LTD.			
Mailing Address		Principal Office Address	
5212 62ND AVENUE SOUTH ST. PETERSBURG FL 33715		5212 62ND AVENUE SOUTH ST. PETERSBURG FL 33715	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

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DIVISION OF CORPORATIONS
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3. Date Formed or Registered 07/08/1996	5a. Capital Contributions as Shown on record \$10,000,000.00
3a. Date of Last Report 03/04/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-3389725	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
GENESI FAMILY CORP. 5212 62ND AVENUE SOUTH ST. PETERSBURG FL 33715		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
GENESI FAMILY CORP.	5212 62ND AVENUE SOUTH	ST. PETERSBURG FL 33715	P96000057064
4000002702084-4 -02/02/99-01069-028 ***535.00 ***535.00			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

Typed or Printed Name of General Partner Signing Form _____

John Genesi

DATE 12-30-98
Dayton Telephone Number (813) 864-2782

CR2E003 (9/99)