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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name **J35540**

(0)

FILED

97 APR 30 AM 10: 58

SECRETARY OF STATE

ROBBIE SCOREBOARD CORPORATION					MILLA MOSEE, FLORIDA	
						<u> </u>
Principal Pia	ace of Business	Mailing Address			- I IOSTIHA DIAM SULDI AHARI BIINI DIDII BUK	BARKA BABAH MABAH BABAH BABAH BABAH
2269 N W 199TH STREET 2269 N W 199TH STREET						
MIAMI FL 330	056	MIAMI FL 33058-2600			1	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					09/30/1986	05/01/1996
	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
Suite, Ap	St. B. oto	26			59-2763114	Not Applicable \$8.75 Additional
22	77 H, Cron	27			5. Certificate of Status Desired	Fee Required
City & St	ate	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28]			Trust Fund Contribution	Added to Fees
Z _I ρ ງ	Country	Zip		untry	8. This corporation has liability for	
24	9. Name and Address of Curr	29 ent Registered Agent	30	r	Florida Statutes 10. Name and Address of New Re	Yes No
AL/	MERICAN INFORMATION SERVIC			81 Name		
	NE SE THIRD AVENUE			B2 Street Addi	ess (P.O. Box Number is Not Acceptat	le)
	TH FLOOR				eas (1.0. Dex Hamber is Not Acceptate	
Mi	AMI FL 33131			83		
				84 City		85 Zip Code
				<u> </u>		
11. Pursuar office of	nt to the previsions of Sections 607.0 ir registered agent, or both, in the Sta	502 and 607.1508, Florida Statu ite of Florida. Such change was	tes, the a authorize	bove-named corp d by the corporat	poration submits this statement for the pion's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
agent I	Lam familiar with, and accept the obl	igations of, Section 607.0505, Fi	orida Sta	tutes.		•
SIGNATURE	E. Signative, type dior painted name of registered :	OIA) studenders to study transpose	F Ranister	nd Agent signature requi	(Aniisteria nedw ber	DATE
12.		ND DIRECTORS	13.	or regarding rations requir	ADDITIONS/CHANGES TO OFFIC	
THUE	P	DELETE	1.11	ITLE		Change Addition
NAME	KRAMM, ROBERT L		1.2 M	AME '		
STREET ADDRESS			1.3 9	TREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33056	T per exe		ITY-ST-ZIP		
TOTALE	DVPS	☐ DELETE	217			Change Addition
NAME	ROCHON, RICHARD C. 2269 NW 199TH STREET		221	1		
STREET ADORESS	MIAMI FL			TREET ADDRESS		
CHY-ST-ZIP	TAS	DELETE	3.11	CITY-ST-ZIP		Change Addition
NAM:	MARINER, JOANTHAN D	<u> </u>	3.21	ì		Artin School Ban France Company
STREET ADDRESS				TREET ADDRESS		
CHY-ST-ZIP	MIAMI FL			CITY-ST-ZIP		
10LF	* * · · · · · · · · · · · · · · · · · ·	DELETE	4.1]	ITLE		Change Addition
NAMi:			4. 2	NAME		
STREET ADORES:	is		4.3 9	TREET ADDRESS		
CITY ST-7H				TTY-ST-ZIP		
TITLE		DETEATE	5.11	1		Change Addition
NAME				IAME	200002	1610834
STREET ADDRESS	\$			TREET ADDRESS		1610834 /9701001021 00.00
CHTY - \$1 - ZHT		DELETE	54 C	ITY-ST ZIP	7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0	0.00 ****165.00
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STREET ADURES	ee l			TREET ADDRESS		Mala
Surrice Monte 2	[™] I					100 27 37 1 77
CITY - ST - ZIP	\			CITY-ST-ZIP		1000 1-05 11

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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHAD C RULHEN

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SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # GENESIS GROUP, INC. SE Pencipal Place of Business 501 E. Kennedy Suite 1700 3910 US Highway 301 North Tampa, FL 33802 Suite 140 Tampa, FL 33619 3a. Date of Last Report 3. Date Incorporated or Qualified 3/26/76 4/30/96 2. Paricipal Place of Business 2a. Mailing Address Applied For 59-1663160 26 Not Applicable 21 Sato Apr # etc Suite, Apt. #, etc. \$8.75 Additional 文 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 23 28 Added to Fees Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Humphries, J. Bob Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Blvd. Suite 1700 83 Tampa, FL 33802 84 City 85 Zip Code 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 or registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change 11 TITLE VP/AS HH 1.2 NAME SULLIVAN, JAMES HUMPHRIES, J. BOB 13 STREET ADDRESS 3910 U.S. HWY 301 N. STREET ANDRESS 501 E. KENNEDY TAMPA, FL 33619 OHY -51, 789 TAMPA, FL 33802 14 City-St-ZiP TIT. DELETE 2.1 TITLE ☐ Change Addition ERNSBERGER, DALE 22 NAME VICKERY, GERALD D. N2Mr3910 US HWY 301 N 3910 US HWY 301 N. STREET ADDRESS 2.3 STREET ADDRESS TAMPA, FL 33619 2 4 CITY - ST-ZIP TAMPA, FL 33619 CHY-ST 7IF DELETE Change X Addition $\eta \in [\frac{1}{2}]$ 31 TITLE NAME BAKER, RICHARD W. 32 NAME SIMMONS, MICHAEL J. 33 STREET ADDRESS 1803 U.S. 19 STREET ADDRESS. 3910 US HWY 301 N. HOLIDAY, FL 34 CITY-ST-ZIP TAMPA: FL 33619 C41-81 20 800002159946 DAGGOO DELETE VP 41 TITLE 0.04 -04/30/97--01027--011 ****173.75 ****173. LONG, JERALD 4 2 NAME NAM gar of galage of the Ar ****173.75 3910 US HWY 301 N. 4.3 STREET DORESS Sheet CARHOUSE **"你**,你还是我 TAMPA, FL 33619 4.4 CITY-ST-ZIP 01Y St ZH DELETE 5 1 TITLE Change Addition Table 5.2 NAME 1,43,19 MARRINER, BRUCE E. 3910 US HWY 301 N. 5.3 STREET ADORESS STREET ADORESS (a) Y SL 70 TAMPA, FL 33619 54 CITY-ST-ZIP 14.1 DELETE 61 TITLE Change Addition 6.2 NAME NAME CALLAHAN, RICHARD J. 3910 US HWY 301 N. 6.3 STREET ADDRESS STREET ADDRESS. TAMPA, FL 33619 CHY St. 709 64 CITY - ST - ZIP

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SIGNATURE:

appears in Brook 12 or Block

levellyn, Senior Vice President Mark T. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904~224-4400