

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

FILED

97 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35540 (0)
1. Corporation Name:
ROBBIE SCOREBOARD CORPORATION

Principal Place of Business
2269 N W 199TH STREET
MIAMI FL 33056

Mailing Address
2269 N W 199TH STREET
MIAMI FL 33056-2800

3. Date Incorporated or Qualified 09/30/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2763114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVENUE
27TH FLOOR
MIAMI FL 33131

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
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, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KRAMM, ROBERT L 2269 N W 199TH STREET MIAMI FL 33056	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DVPS ROCHON, RICHARD C. 2269 NW 199TH STREET MIAMI FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TAS MARINER, JOANTHAN D 2269 NW 199TH STREET MIAMI FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C. ROCHON

4/24/97

954-627-5000

Date


Daytime Phone #

0142974

CR2E034 (9/96)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 449905

1. Corporation Name
GENESIS GROUP, INC. SE

Principal Place of Business
3910 US Highway 301 North Suite 140 Tampa, FL 33619

Mailing Address
501 E. Kennedy Suite 1700 Tampa, FL 33802

3. Date Incorporated or Qualified 3/26/76	3a. Date of Last Report 4/30/96
4. FEI Number 59-1663160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

Humphries, J. Bob
501 E. Kennedy Blvd.
Suite 1700
Tampa, FL 33802

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	VP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, J. BOB	1.2 NAME	SULLIVAN, JAMES
STREET ADDRESS	501 E. KENNEDY	1.3 STREET ADDRESS	3910 U.S. HWY 301 N.
CITY-ST-ZIP	TAMPA, FL 33802	1.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNSBERGER, DALE	2.2 NAME	VICKERY, GERALD D.
STREET ADDRESS	3910 US HWY 301 N	2.3 STREET ADDRESS	3910 US HWY 301 N.
CITY-ST-ZIP	TAMPA, FL 33619	2.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, RICHARD W.	3.2 NAME	SIMMONS, MICHAEL J.
STREET ADDRESS	1803 U.S. 19	3.3 STREET ADDRESS	3910 US HWY 301 N.
CITY-ST-ZIP	HOLIDAY, FL	3.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	800002159848-117
NAME	LONG, JERALD	4.2 NAME	-04/30/97--01027-011
STREET ADDRESS	3910 US HWY 301 N.	4.3 STREET ADDRESS	****173.75 ****173.75
CITY-ST-ZIP	TAMPA, FL 33619	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRINER, BRUCE E.	5.2 NAME	
STREET ADDRESS	3910 US HWY 301 N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, RICHARD J.	6.2 NAME	
STREET ADDRESS	3910 US HWY 301 N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619	6.4 CITY-ST-ZIP	

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 a 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, or on an attachment, with an address.

SIGNATURE: **Mark T. Llewellyn, Senior Vice President** **4/30/97** **904-224-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)