

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J55867**

(2)

1. Corporation Name

GENESIS INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**1803 US 19
HOLIDAY FL 34691
US**

**% J. BOB HUMPHRIES, ESQUIRE
501 E KENNEDY BLVD. STE 1700
TAMPA FL 33602**

FILED
90 MAR 25 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/30/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2797683	
24 Country		30 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, BOB J
FOWLER, WHITE LAW FIRM
501 E KENNEDY BLVD, STE 1700
TAMPA FL 33602**

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

Signature, typed 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	AS	1.1 TITLE	200002469512-1-0
NAME	HUMPHRIES, BOB J	1.2 NAME	-03/26/98--01090--010
STREET ADDRESS	501 E. KENNEDY BLVD 1700	1.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, J CHRIS	2.2 NAME	
STREET ADDRESS	2210 DESTINY WAY	2.3 STREET ADDRESS	2535 Success Drive
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	DVST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD W	3.2 NAME	
STREET ADDRESS	1803 U.S. 19	3.3 STREET ADDRESS	2535 Success Drive
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

J. Bob Humphries, Assistant Secretary

3/23/98

(813) 222-1172

CP2E034 (10/97)