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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(7)

GENESIS PROFESSIONAL GROUP, INC.

FILED

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SECTIVETION / CUF STATE TALLATIASCUE, FLORIDA



Principal Place of Business Mailing Address								T TORRICE OFFE OFFICE STATE OFFICE STATE STATE STATE STATE OF STATE OFFICE STATE OF
1803 U.S. 19 HOLIDAY FL 3 US	34691	501 E. KEN TAMPA FL	C.O J. BOB HUMPHRIES 501 E. KENNEDY BLVD. FL 1700 TAMPA FL 33602-4988				DO NOT WRITE IN THIS SPACE	
			US					3. Date Incorporated or Qualified
2. Principal P	lace of Busine	2a, Mailing	2a, Mailing Address				02/03/1987 4. FEI Number Applied For	
21			26	26				59-2797687 Not Applicable
Suite, Apt	#, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22	<u></u>		27					Fee Required
City & State	e	<del>}</del> 1	City & State				6. Election Campaign Financing \$5.00 May Be	
Zip Country				Zip Country				Trust Fund Contribution
24	¬ —		29	<b>⊢</b>			•	8. This corporation owes or has paid the current year Intangible
24		nd Address of Curr						Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
						81	Name	To.
	E. KENNED					0	(	
STE				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
	MPA FL 3360			Ī	83			
					-	84	Ch	
							City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>								poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		, 2 20.0,	ganerio or, cootion	001.0000,110	nou otati	100		
	Signature, typed or	printed name of registered a		(NOTE	: Registered	Age	nt signature requi	red when reinstating) DATE
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST		L	DELETE	1.1 TITI	LE		☐ Change ☐ Addition
NAME		ICHARD W			1.2 NAI			2535 Success Drive
STREET ADDRESS	1803 U.S.						ADDRESS	Odessa, FL 33556
CITY-ST-ZIP TITLE	<u>Holiday</u> As	<u>rl</u>		DELETE	1.4 CIT		T-ZIP	
NAME	Humphrii	EG BUB I			2.1 1111			☐ Change ☐ Addition
STREET ADDRESS		NNEDY BLVD #174	00		2.2 NAM		ADODECC	
CITY-ST-ZIP	TAMPA FL		UU		2.3 S I R		ADDRESS	
TITLE	(OW) A LE	•	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITE		51-ZIP	<del>7000024585671</del>
NAME			_		3.2 NAM			7000246957-086400000 -03/26/98010900-08640000 ****150.00 ****150.00
STREET ADDRES							ADDRESS	####120°00 ####120°00
CITY-ST-ZIP					3.4. CIT			
TITLE			I	DELETE	4.1 TITL		-	Change Addition
NAME					4. 2 NA	ME		_ ,
STREET ADDRESS					4.3 STR	EET /	ADDRESS	
CITY-ST-ZIP					4.4 CiTy	Y-ST	r- ZIP	
TITLE				DELETE	5.1 TITL	ξ.		☐ Change ☐ Addition
NAME					5.2 NAN	ΑE		
STREET ADDRESS					5.3 STR	EET A	ADDRESS	
CITY-ST-ZIP				DE) 575	5.4 CITY		- ZIP	
TITLE			L	DELETE	61 TITL			3.15 Grange Addition
NAME					6.2 NAN			7-, 15, 40
STREET ADDRESS					1		ADDRESS	3.0
CITY-ST-ZIP					6.4 CiTy	(-ST	- ZIP	· i

14. I hereby certify that the information supplied with this hing does not qualify to 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 of the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chances for on an attachment with an address.