

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # J65314 (3)
1. Corporation Name
GENESIS DEVELOPMENT CORPORATION

Principal Place of Business
1803 US 19
HOLIDAY FL 34691
US

Mailing Address
501 E KENNEDY BLVD #1700
TAMPA FL 33602-4988

3. Date Incorporated or Qualified 04/03/1987		3a. Date of Last Report 04/30/1996	
4. FEI Number 59-2805458		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			

9. Name and Address of Current Registered Agent

HUMPHRIES, J BOB
501 E KENNEDY BLVD #1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD W	
STREET ADDRESS	1803 US 19	
CITY - ST - ZIP	HOLIDAY FL	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, J BOB	
STREET ADDRESS	501 E KENNEDY #1700	
CITY-ST-ZIP	TAMPA FL	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SPEER, RICHARD M	
STREET ADDRESS	1401 COURT ST.	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	13

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	3000002159558-3-Addition
1.2 NAME	-04/30/97--01027--014
1.3 STREET ADDRESS	*****165.00 *****165.00
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Scherer, J. Chris		
4.3 STREET ADDRESS	2210 Destiny Way		
4.4 CITY-ST-ZIP	Odessa, FL 33556		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: J. Bob Humphries, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (813) 222-1173

CP2E034 (9/96)