

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 041 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K70574

Corporation Name

GENESIS ENVIRONMENTAL SYSTEMS, INC.



Principal Place of Business

101 S ROGERS CR. #16
 OCA RATON FL 33487
 S

Mailing Address

1101 S ROGERS CR. #16
 C/O JAMES J BROWN
 BOCA RATON FL 33487
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0108046

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

City & State

City & State

6. Election Campaign Financing
 Trust Fund Contribution

☐

\$5.00 May Be
 Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
 Intangible Personal Property.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JAMES J
 1101 S. ROGERS CIR. #16
 BOCA RATON FL 33487

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
 BROWN, JAMES J.
 43 OREGON LANE
 BOCA RATON FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD
 BROWN, JAMES J.
 1101 S. ROGERS CR. #16
 BOCA RATON FL 33487

☒ Change ☐ Addition

ET ADDRESS
 ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V
 BROWN, CRYSBEL J.
 1101 S. ROGERS CR. #16
 BOCA RATON FL 33487

☐ Change ☒ Addition

ET ADDRESS
 ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

JE VP
 BROWN, ERIC D.
 1101 S. ROGERS CR. #16
 BOCA RATON FL 33487

☐ Change ☒ Addition

ET ADDRESS
 ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S
 BROWN, ANN M.
 1101 S. ROGERS CR. # 16
 BOCA RATON FL 33487

☐ Change ☒ Addition

ET ADDRESS
 ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

ET ADDRESS
 ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

ET ADDRESS
 ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/99

561-997-5966

CR2E034 (5/99)