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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name K89486

GENESIS VII, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90025 020 ***150.00



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Principal Plac	ce of Business	Mailing Address				E ONE BERE DION ALBEI B	10)1 4 1014 6 1014 1801
1415 CHAFFFEE DR % MIT SUITE 10 96 WI TITUSVILLE FL 32780 COCC		% MITCHELL S. GOLDMAN 96 WILLARD STREET. SUITE COCOA FL 32922	WILLARD STREET. SUITE 302			E IN THIS SPACE	
US	• • •				3. Date Incorporated or Qualifed		į
2 Principal C	Place of Business	2a. Mailing Address			05/19/1989 4. FEI Number		Applied For
—	race of business	26			59-2952211	H	Not Applicable
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_ \$8.7	5 Additional
22	, , , , , , , , , , , , , , , , , , , ,	27			5. Certifcate of Status Desired	1 1	Required
City & Star	te	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the curren	· ·	
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
GOI	LDMAN, MITCHELL S.		}	o i Name			
	WILLARD STREET		Ī	82 Street Add	ress (P.O. Box Number is Not Acceptable	le)	
	TE 302		}	83	1967年 - 1967年 - 1967年 - 1967年 - 1968年 - 1967年 - 1968年 - 1967年 - 1968年	i i i i i i i i i i i i i i i i i i i	80 800 3 W. IC2:
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11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the ab	ove-named corr	poration submits this statement for the pu	urpose of changing	its registered
office or a	registered agent, or both, in the State of am familiar with, and accept the obligation	i Florida. Such change was au	thorized	by the corporati	on's board of directors. I hereby accept	the appointment as	s registered .
410	· · · · · · · · · · · · · · · · · · ·	ons of, Section 607.0505, Flori	ua Siaiu	les.			i di
SIGNATURE	<u> </u>						
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered /	Agent signature require	ed when reinstating) : 🔑 🎨	DATE	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered /	Agent signature require	ed when reinstating) ಿ ಟಿಫ್ಟ್ ADDITIONS/CHANGES TO OFFI		CTORS IN 12
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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 13 if changed, or on an attachment with an address, with all other like empowered.

407 383-4813