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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L01628** (1)
1. Corporation Name
GENESIS NATIONAL, INC.

Principal Place of Business

**20751 S.R. 520
ORLANDO FL 32833-0882**

Mailing Address

**20751 S.R. 520
ORLANDO FL 32833-3988**

3. Date Incorporated or Qualified

07/12/1989

3a. Date of Last Report

04/25/1996

4. FEI Number

59-2961496

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24
Country

29
Country

30
Country

9. Name and Address of Current Registered Agent

**BOWERS, JANET B.
20751 SR 520
145 N. MAGNOLIA AVE.
ORLANDO FL 32833**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE **D** ☐ DELETE
NAME **BRALEY, BARBARA**
STREET ADDRESS **1943 GREEN MEADOW LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ DELETE
NAME **BRALEY, GERALD**
STREET ADDRESS **1943 GREEN MEADOW LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☐ DELETE
NAME **BOWERS, JANET BRALEY**
STREET ADDRESS **12700 NEWBY STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VTD** ☐ DELETE
NAME **BRALEY, JEFFEREY G.**
STREET ADDRESS **19764 PADDOCK ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **BRALEY, LISA**
STREET ADDRESS **19764 PADDOCK ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **BOWERS, RICK**
STREET ADDRESS **2539 ABNEY AVE.**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

407-568-8024

CR2E034 (9/96)