

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90087 010 \*\*\*150.00

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|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
|--|---|--|

**DOCUMENT # L80212**

1. Corporation Name  
**DANIEL GENACHTE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>% DANIEL GENACHTE</b><br><b>898 S.W. 22ND ST.</b><br><b>BOCA RATON FL 33486</b> | Mailing Address<br><b>% DANIEL GENACHTE</b><br><b>898 S.W. 22ND ST.</b><br><b>BOCA RATON FL 33486</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |                                    |  |
|---|--|---|--|--|------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 <b>P.O. BOX 273854</b><br>23 <b>BOCA RATON FL</b><br>24 Zip <b>33427</b> 25 Country <b>USA</b> |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 <b>2422 LOB LOLLY LANE</b><br>28 <b>DEERFIELD BEACH FL</b><br>29 Zip <b>33427</b> 30 Country <b>USA</b> |  | 3. Date Incorporated or Qualified<br><b>06/12/1990</b>   | 4. FEI Number<br><b>65-0205857</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|   |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |                                    |  |
|   |  |   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |                                    |  |
|   |  |   |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>GENACHTE, DANIEL</b><br><b>898 S.W. 22ND ST.</b><br><b>BOCA RATON FL 33486</b> |  | 10. Name and Address of New Registered Agent<br>81 Name <b>GENACHTE DANIEL</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2422 LOB LOLLY LANE</b><br>83 <b>OR P.O. BOX 273854 33427 BOCA RATON</b><br>84 City <b>DEERFIELD BEACH FL</b> 85 Zip Code <b>33422</b> |  |
|--|--|--|--|

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 **GENACHTE DANIEL PST/D** DATE **04/26/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing agent.)

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS                 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE<br><b>PST</b>                        | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>PST</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GENACHTE, DANIEL</b>            |                                 | 1.2 NAME<br><b>GENACHTE DANIEL</b>                    |  |
| STREET ADDRESS<br><b>898 S.W. 22ND ST.</b> |                                 | 1.3 STREET ADDRESS<br><b>2422 LOB LOLLY LANE</b>      |  |
| CITY-ST-ZIP<br><b>BOCA RATON FL</b>        |                                 | 1.4 CITY-ST-ZIP<br><b>DEERFIELD BEACH 33422 FL</b>    |  |
| TITLE<br><b>D</b>                          | <input type="checkbox"/> DELETE | 2.1 TITLE<br><b>D</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GENACHTE, DANIEL</b>            |                                 | 2.2 NAME<br><b>GENACHTE DANIEL</b>                    |  |
| STREET ADDRESS<br><b>898 S.W. 22ND ST.</b> |                                 | 2.3 STREET ADDRESS<br><b>2422 LOB LOLLY LANE</b>      |  |
| CITY-ST-ZIP<br><b>BOCA RATON FL</b>        |                                 | 2.4 CITY-ST-ZIP<br><b>DEERFIELD BEACH 33422 FL</b>    |  |
| TITLE                                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS                             |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                |                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS                             |                                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                |                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS                             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS                             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                |                                 | 6.4 CITY-ST-ZIP                                       |  |

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-99 (954) 4292825**  
Date Daytime Phone #

CR2E034 (11/98)