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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M09966

(6)

EDWARD M. GENOVESE, INC.

FILED Apr 27 1998 8:00am Secretary of State



21 2 77. Suite, Apt. 22 City & State 23 FT. L Zip	FL 33007 FL 330	City & State 28 Ff LAURE	Соц	F	And	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1985 4. FEI Number		
24 3 <i>332</i>	9, Name and Address of Current I		30		12	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
GENOVESE, EDWARD M, MD 3 SEXTON WAY KEY LARGO FL 33037				62 S	treet A	Address (P.O. Box Number is Not Acceptable)		
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 profed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND D		13.	Whom it en	Oraliole I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 1/1	I F	1			
NAME	GENOVESE, EDWARD M.		1.2 NA		6	Genovese, Edward M 2773 Dakleigh Lane Ft-Lauderdale, Fl. 33328		
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STREET ADDRESS			6.3 STF	EET ADDE	RESS			
CITY-ST-ZIP				Y-ST-ZIF				
14. I hereby co	ertify that the information supplied with	this filing does not qualify for	the exe	nption	stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

indicated on this armust report or supplemental armust report is true and accurate and that my signature shall have the same legal effect as it made under path; that I am a 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, oyou an attachment with an address.