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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M45317

(8)

GENESIS SMALL BUSINESS DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						-	AN BREN BARN		AL FILLI INT
719 GARDENS DR #204 719 GARDENS DR #204									
POMPANO BCH FL 33069 POMPANO BCH FL 3			3069						
1						DO NOT WRITE IN TH	HIS SPACE		
						3. Date incorporated or Qualified			
62-33-45	70					01/23/1987			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	L	Apr	olied For
21		26	I			59-2766957	Not Applicable		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22 City 8 Sta	<u> </u>	27						ee Rec	*
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be			
Zip	T. County	Zip Country				Trust Fund Contribution	• • • • • • • • • • • • • • • • • • • •	ded to	
	Country Zip			ry		8. This corporation owes or has paid the current year Intangible			
24	25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
MARTIN, GREGORY L					Name	10. Name and Address of New Hegister	ed Agent		
		81 Name							
	719 GARDENS DRIVE #204		82	2	Street Addres	ss (P.O. Box Number is Not Acceptable)			
'	POMPANO BCH FL 33069		-	+					
			83	3					
			84	4	City		. 85	Zip C	ode
				\perp			FL ["		
office or	registered agent, or both, in the State in	of Florida, Such change was	authorized b	ve-i by 1	nameo corpo Ihe corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of chang appointme	ing its	registered egistered
Ī	with amailar with, and accopt the obliga	ROUS OF, SECTION BOY, USOS, F	ionda Statute	BS.					
SIGNATURE	Signature, typed or printed name of registered ager	I and title if applicable. (NO	TE Registered Ad	aent	t signature required	d when reinstating) DAT	F		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		CTORS	IN 12
TITLE	D	DELETE	1.1 TITLE				Cha		Addition
NAME	MARTIN, GREGORY L.		1.2 NAME						
STREET ADDRESS 719 GARDENS DRIVE #204			1.3 STREET ADDRESS		DDRESS				i
CITY-ST-ZIP	POMPANO BCH FL 33069		1.4 CITY-	ST-	- ZIP				
TITLE		DELETE	2.1 TITLE	_			Cha	inge	☐ Addition
NAME			2.2 NAME					•	_
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY -	-ST-	- 7IP				
TOLE		DELETE	3.1 TITLE				Cha	inge	Addition
NAME			3.2 NAME					-	
STREET ADDRESS			3.3 STREE		DORESS				
CITY-ST-Z#P			3.4. CITY-		1				
TITLE		DELETE	41 TITLE				☐ Cha	nge	Addition
NAME			4. 2 NAME		}				
STREET ADDRESS			4.3 STREE		nneess		*		
CITY-ST-ZIP					- 1				
TITLE			5.1 TITLE	4.4 CITY - ST - ZIP 5.1 TITLE			Cha	nge	Addition
NAME			5.2 NAME					. -	
STREET ADDRESS			5.9 STREE		nneess				
CITY-ST-ZIP			5.4 CITY-		l l				
TITLE		DELETE	6.1 TITLE	31-,	ZIF		Cha		☐ Addition
NAME			6.2 NAME				014		
STREET ADDRESS			6.3 STREE		NODECC				j
DIRECT PROPERTY			0.3 2 (KEE	LAU	VDUE 29				

14. Thereby 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 or an attachment with an address.

SIGNATURE:

REGIORAL MARTIN**

4-21-98

954971-3158