

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N34237** (0)

1. Corporation Name

GENESIS PROGRAMS, INC.

Principal Place of Business C/O MSGR. BRYAN O. WALSH 9401 BISCAYNE BOULEVARD MIAMI FL 33138	Mailing Address C/O MSGR. BRYAN O. WALSH 9401 BISCAYNE BOULEVARD MIAMI FL 33138
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified 09/14/1989	
4. FEI Number 65-0151941	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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 338 MINORCA AVENUE CORAL GABLES FL 33134	
---	--

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

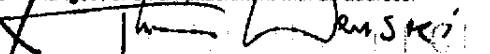
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	WALSH, BRYAN O., (MSGRI)
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	MCGRAW, RAYMOND
STREET ADDRESS	3875 S. MIAMI AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	ROJO, EDITA (SR.)
STREET ADDRESS	3875 SOUTH MIAMI AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	KRAVERATH, LORRAINE (SR.)
STREET ADDRESS	3883 SOUTH MIAMI AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D ☐ DELETE
NAME	WENSKI, THOMAS G (REV)
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  2/2/98 305-7142111

CR2E037 (10/97)