

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90063 043 ***150.00

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DOCUMENT # P93000047361

1. Corporation Name
GENESIS PARTNERS, INC.

Principal Place of Business
% WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE STE 2000
MIAMI FL 33131
US

Mailing Address
% WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE STE 2000
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1993

4. FEI Number
65-0426316

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 % Hixson Marin et al.
22 Suite, Apt. #, etc.
3300 PGA Blvd, Ste 810
23 City & State
Palm Beach Gardens, FL
24 Zip
33410
25 Country
USA

2a. Mailing Address
26 3300 PGA Blvd
27 Suite, Apt. #, etc.
Suite 810
28 City & State
Palm Beach Gardens, FL
29 Zip
33410
30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE
STE 2000
MIAMI FL 33131

81 Name
Hixson Marin Powell + De Sanctis, PA
82 Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Blvd, Suite 810
83 Suite 810
84 City
Palm Beach Gardens FL
85 Zip Code
33410

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 Leonard J. Sokolow DATE 1/9/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PSTD
STREET ADDRESS SOKOLOV, LEONARD J
CITY-ST-ZIP 701 BRICKELL AVE. - SUITE 2000
MIAMI FL

1.1 TITLE
1.2 NAME PSTD
1.3 STREET ADDRESS Sokolow, Leonard J
1.4 CITY-ST-ZIP 3300 PGA Blvd, Suite 810
Palm Beach Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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: Leonard J. Sokolow DATE 1/9/99 DAYTIME PHONE # 305.374.0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)