

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065197 (4)
1. Corporation Name
GENESIS ENVIRONMENTAL MARINE MONITORING, INC.

Principal Place of Business
830 HERON COURT
MARCO ISLAND FL 34145
US

Mailing Address
830 HERON COURT
MARCO ISLAND FL 34145
US

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 09/13/1993 | 3a. Date of Last Report 08/05/1996 |
| 4. FEI Number 65-0568675 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 1296 MARTINIQUE CT Suite, Apt. #, etc. 22 City & State 23 MARCO ISLAND FL Zip 24 34145 | 2a. Mailing Address 26 PO BOX 711 Suite, Apt. #, etc. 27 City & State 28 MARCO ISLAND FL Zip 29 34146 |
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| 9. Name and Address of Current Registered Agent BAXTER, JACK 830 HERON COURT MARCO ISLAND FL 34145 | 10. Name and Address of New Registered Agent 81 Name BAXTER JACK 82 Street Address (P.O. Box Number is Not Acceptable) 1296 MARTINIQUE CT 83 84 City MARCO ISLAND FL 85 Zip Code 34145 |
|---|--|

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 JACK BAXTER *Jack Baxter* DATE AUG 1 97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DTP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAXTER, JACK | 1.2 NAME | |
| STREET ADDRESS | 930 HERON COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAXTER, JACK | 2.2 NAME | |
| STREET ADDRESS | 930 HERON COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROMANO, LUISE | 3.2 NAME | |
| STREET ADDRESS | 930 HERON COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARCO ISLAND FL | 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 do 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.

SIGNATURE: JACK BAXTER *Jack Baxter* DATE: AUG 1 97 9416428225

CR2E034 (4/97)