

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

FILED

Jan 21 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 # P94000020899 (8)

1. Corporation Name
GENESIS SECURITY SERVICES, INC.



Principal Place of Business

111 NW 183RD STREET
SUITE 410
MIAMI FL 33169

Mailing Address

111 NW 183RD STREET
SUITE 410
MIAMI FL 33169-4520

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
08/23/1996

2. Principal Place of Business

21 111 NW 183 Street

Suite, Apt. #, etc.

22 Suite 406

City & State

23 miami FL

Zip

24 33169

Country

25 U.S.A.

2a. Mailing Address

26 111 NW 183rd Street

Suite, Apt. #, etc.

27 Suite 406

City & State

28 miami FL

Zip

29 33169

Country

30 U.S.A.

4. FEI Number

65-0478827

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

REYNOLDS, MALTIMORE M
111 N.W. 183RD ST.
SUITE 410
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name Reynolds Maltimore M.
82 Street Address (P.O. Box Number is Not Acceptable)
111 NW 183rd Street
83 Suite 406
84 City miami FL 85 Zip Code 33169

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 Maltimore Reynolds

Maltimore Reynolds

1/11/97

Signature of registered agent of corporation (sign if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSVT
NAME REYNOLDS, MALTIMORE M
STREET ADDRESS 111 N.W. 183RD ST. #410
CITY-ST-ZIP MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSVT
12 NAME Reynolds Maltimore
13 STREET ADDRESS 111 NW 183rd St #406
14 CITY-ST-ZIP miami FL 33169

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Maltimore Reynolds Maltimore Reynolds

1/11/97

3056529083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)