

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

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021373 (2)

1. Corporation Name  
GENOVESE-BRANDT & ASSOCIATES, INC.



Principal Place of Business 6670 CRYSTAL CT. COCONUT GROVE FL 33133	Mailing Address 3370 CRYSTAL CT. COCONUT GROVE FL 33133
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3. Date Incorporated or Qualified 03/16/1995	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 4285 ST CHARLES WAY Suite, Apt. #, etc. 22 City & State 23 BOCA RATON FL Zip 24 33434	2a. Mailing Address 26 4285 ST CHARLES WAY Suite, Apt. #, etc. 27 City & State 28 BOCA RATON FL Zip 29 33434	4. FEI Number 65-0566916 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

GENOVESE, BEAU  
3370 CRYSTAL CT.  
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name MARGO PRINTZ-BRANDT	82 Street Address (P.O. Box Number is Not Acceptable) 4285 ST CHARLES WAY	83	84 City BOCA RATON	85 Zip Code 33434
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Margo Printz-Brandt* MARGO PRINTZ-BRANDT Vice-Pres. 2/16/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3481 Poinciana Ave Coconut Grove FL 33133
NAME BEAU GENOVESE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6660 CRYSTAL COURT COCONUT GROVE FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARGO BRANDT		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4285 ST. CHARLES WAY BOCA RATON FL		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
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.

*Margo Printz-Brandt* MARGO PRINTZ-BRANDT

CR2E034 (9/96)