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

Mailing Address

CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000021373 (2) DOCUMENT #

GENOVESE-BRANDT & ASSOCIATES, INC.

4285 ST CHARLES WAY 4285 ST CHARLES WAY **BOCA RATON FL 33434 BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 Not Applicable 26 65-0566916 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name PRITNZ-BRANDT, MARGO 4285 ST CHARLES WAY Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 City Zip Code 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 Signature, typed or printed name of registried agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME BEAU GENOVESE 1.2 NAME 3481 POINCIANA AVE STREET ADDRESS 1.3 STREET ADDRESS **COCONUT GROVE FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE TITLE MARGO BRANDT 2.2 NAME NAME 4285 ST. CHARLES WAY 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE

CITY-ST-ZIP 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 the true 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 trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

3.2 NAME

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4. 2 NAME

5.1 TITLE

5.2 NAME

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3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

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FILED

Apr 13 1998 8:00am

Secretary of State