

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

FILED

**May 07 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 # P95000066262 (3)
1. Corporation Name
GENESIS MARKETING, INC.

Principal Place of Business: **21753 TOWN PLACE DR. BOCA RATON, FL 33433**
Mailing Address: ~~21346 ST. ANDREWS BLVD, SUITE 200 BOCA RATON, FL 33433~~

2. Principal Place of Business: **21753 TOWN PLACE DR. BOCA RATON, FL 33433**
2a. Mailing Address: **21218 ST. ANDREWS BLVD SUITE 246 BOCA RATON, FL 33433**
23. City & State: **BOCA RATON, FL**
24. Zip: **33433** Country: **USA**

3. Date Incorporated or Qualified: **08/28/1995**
3a. Date of Last Report: **08/28/1995**
4. FEI Number: **65-0605549**
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
**CHRISTOPHER E. ELLS, ESQ.
633 S. ANDREWS AVE.
THIRD FLOOR
FT. LAUDERDALE, FL 33301**

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City: **FL** b5 Zip Code

I, **LEE M. DAVIS**, 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: **Lee Davis** **LEE M. DAVIS** **04/28/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	LEE M. DAVIS	
STREET ADDRESS	21753 TOWN PLACE DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002180833
6.3 STREET ADDRESS	-05/16/97--01014--039
6.4 CITY-ST-ZIP	***165.00

RW 5-7-97

14. I, **Lee Davis**, 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: **Lee Davis** **04/28/97** **561-361-1926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)