

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

FILED

**Apr 28 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 # P95000066705 (1)
 1. Corporation Name
GENESIS FINE WOOD PRODUCTS, INC.



Principal Place of Business 2100 1ST AVENUE SOUTH ST. PETERSBURG FL 33712 US	Mailing Address 4619 HELENA STREET, NE ST. PETERSBURG FL 33703-4357
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3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 02/20/1996
4. FEI Number 59-3334091	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 7221 50TH ST N	26 Suite, Apt. #, etc.
22 City & State PINELLAS PARK FL	27 City & State
23 Zip 33781	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD.
SUITE 309
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME KRONSPERGER, THOMAS	
STREET ADDRESS 3000 HAINES ROAD N.	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME NORFOLK, JOHN	
STREET ADDRESS 4619 HELENA ST., NE	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME WORSHAM, DAVID	
STREET ADDRESS 2695 19TH AVENUE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME NORFOLK, JANET	
STREET ADDRESS 4619 HELENA ST., NE	
CITY-ST-ZIP ST. PETERSBURG FL	
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 PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME NORFOLK, JOHN	
2.3 STREET ADDRESS 4619 HELENA ST NE	
2.4 CITY-ST-ZIP ST PETERSBURG FL 33703	
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 VST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME NORFOLK, JANET	
4.3 STREET ADDRESS 4619 HELENA ST NE	
4.4 CITY-ST-ZIP ST PETERSBURG FL 33703	
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	
6.3 STREET ADDRESS	
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: _____

CR2E034 (9/96)