## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078832 (9)

FILED
Sep 17 1998 8:00am
Secretary of State

GENIUS	SY <b>S</b> TEMS, INC.				
Principal Piac	e of Business	Mailing Address			
4337 JERMONE AVENUE 4337 JERMONE AVENUE					
JAX FL 32209 JAX FL 32209					
US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
			·	10/13/1995	
<b>├</b>	Place of Business	2a. Mailing Address	1	4. FEI Number	Applied For
21 433	Y	26 4 337 Je	rome Ave	59-3346501	Not Applicable
Suite, Apt.	#, <del>0</del> 1C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6 Etaction Communica Financias	- <del></del>
23 Ja	7 1	28 Jay 61		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 2.	Country	Zip 32204	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 5 %.			30 45.	Personal Property Tax due June 30.	Yes No
<b></b>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
433	RSEY, TIMOTHY 7 JERMONE AVE FL 32209		81 Name 08 82 Street Addr 44 3 3 83	ess (P.O. Box Number is No. Acceptable)	85 Zip Coda
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State of am femiliar with, and accept the obligat	of Florida. Such change was au	, the above-named corpo	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	L 32209 changing its registered
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OIOIATORE	Signalure, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	V	DELETE	1.1 TITLE	President	Change Addition
NAME	DORSEY, TIMOTHY		1.2 NAME 0	orsey Timothy	
STREET ADDRESS	4337 JERMONE AVE		1.3 STREET ADDRESS	orsey Timothy 4337 Jeroul Aul Jan 61 32209	į
CITY-ST-ZIP	JAX FL	· <del></del>		Tax (1 32209	
TITLE		DELETE	2.1 TITLE	•	Change Addition
NAME			2.2 NAME	<i>i</i> .	ntg
STREET ADDRESS			2.3 STREET ADDRESS		;
CITY-ST-ZIP			2.4 CITY-ST-ZIP		<del></del>
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		<u> </u>	3.4 CITY-ST-ZIP		<del></del>
. =-		L_ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		L DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[7]	5.4 CITY-ST-ZIP 6.1 TITLE		<u> </u>
	÷'	DELETE	6.1 MILE 6.2 NAME		L_ Change L_ Addition
NAME EXECUTADODESS	4				
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ion 119 07/3Vi) Florida Statutes I further certifi	

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 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.

CONSTUDE TOUTH Program & Chillips

9-10-9

DE 41436.64