

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093927 (8)

1. Corporation Name
GENESIS ACQUISITION CORP.Principal Place of Business
3910 U.S. HIGHWAY 301 N.
SUITE 140
TAMPA FL 33619Mailing Address
3910 U.S. HIGHWAY 301 N.
SUITE 140
TAMPA FL 33619-1282

3. Date Incorporated or Qualified 12/11/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3350109	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY
201 E. PINE STREET
SUITE 701
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, RICHARD J JR.	1.2 NAME	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619	1.4 CITY - ST - ZIP	
TITLE	DSVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Chief operations officer/broker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRUTHERS, L. DAVID	2.2 NAME	MARRINER, Bruce E.
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	2.3 STREET ADDRESS	3910 U.S. Highway 301 N. Suite 140
CITY - ST - ZIP	TAMPA FL 33619	2.4 CITY - ST - ZIP	TAMPA, FL 33619
TITLE	DSVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODLEY, J. STEVE	3.2 NAME	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619	3.4 CITY - ST - ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, WILLIAM B	4.2 NAME	
STREET ADDRESS	3910 U.S. HIGHWAY 301 N., SUITE 140	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33619	4.4 CITY - ST - ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, G. BRIAN	5.2 NAME	
STREET ADDRESS	9250 CYPRESS GREEN DR., STE 200	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLEWELLYN, MARK Y	6.2 NAME	
STREET ADDRESS	820 E. PARK AVE. BLDG. 1, SUITE 200	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

813-620-4500

Daytime Phone #

CR2E034 (9/96)