

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90070 049 \*\*\*150.00

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|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # P95000093927**

1. Corporation Name  
**GENESIS ACQUISITION CORP.**



|   |   |
|---|---|
| Principal Place of Business<br><b>3910 U.S. HIGHWAY 301 N.<br/>SUITE 140<br/>TAMPA FL 33619</b> | Mailing Address<br><b>3910 U.S. HIGHWAY 301 N.<br/>SUITE 140<br/>TAMPA FL 33619</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b> |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b>                               |  | 3. Date Incorporated or Qualified<br><b>12/11/1995</b>  |  |
| 4. FEI Number<br><b>59-3350109</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees           |  | 7. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |  |

|   |  |  |  |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>HUMPHRIES, J. GREGORY<br/>201 E. PINE STREET<br/>SUITE 701<br/>ORLANDO FL 32801</b> |  | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> 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 reinstating) |   | DATE |  |
| Signature, typed or printed name of registered agent and title if applicable. |                                      |  |   |      |  |
| 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   | CD <input type="checkbox"/> DELETE   | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |  |
| NAME  | MARRINER, BRUCE E.                   | 2.2 NAME   |   |      |  |
| STREET ADDRESS  | 3910 U.S. HIGHWAY 301 N., SUITE 140  | 2.3 STREET ADDRESS   |   |      |  |
| CITY-ST-ZIP   | TAMPA FL                             | 2.4 CITY-ST-ZIP  |   |      |  |
| 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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE:  2/17/98 (813) 620 4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)