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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094185 1. Corporation Name

GENESIS RESEARCH GROUP, INC.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90243 031 ***150.00

Principal Place	e of Business	Ma	iling Address					1 (201500) 110 (014) 01111 03111 0411)		#()#(#) #(() (##)
393 WHOOPING LOOP, STE. 1461 393 WHOOPING LOOP, STE. ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701				TE. 1461							
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	•							Date Incorporated or Qualifed	L IN THIS	SFACE.	
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0.0: :-: 0	100	1 20	Mailing Address					12/11/1995 4. FEI Number		1 17	Applied For
	lace of Business	—¬	Mailing Address					i		-	Not Applicable
21	н	26	Suite, Apt. #, etc.					59-3348253			Additional
Suite, Apt.	#, etc.	-	Suite, Apr. #, etc.					5. Certifcate of Status Desired			Required
City & State		27	City & State					6. Election Campaign Financing	-		May Be
	5	28	Ony a onne					Trust Fund Contribution			to Fees
Zip	Country	_ 20	Zip	Cou	untry			8. This corporation owes the curre	ent vear Inta		-
24	25	29	—·F	30	•			Personal Property Tax.	,, , oa	Yes	□No
24	9. Name and Address of Curren		ered Agent	130	T			10. Name and Address of New R	egistered A	gent	
					81	Nam	e				
GRA	HAM, RUSSELL M M.D.								· .		
	WHOOPING LOOP, STE. 1461				82	Stree	at Addres	ss (P.O. Box Number is Not Acceptal	ble)		
	AMONTE SPRINGS FL 32701				83						
					84	City			FL	85 Zip	Code
office or re	to the provisions of Sections 607,050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florid	a. Such change was	authorize	d bv	the co	rporation	n's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE									DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if	applicable. (NO	TE Registered	d Agent		e required	when reinstating)	DATE FICERS AN	D DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if	applicable (NO	TE: Registered	d Agent		e required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: