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

Mailing Address

3800 DONALD AVENUE

KEY WEST FL 33040-4511

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business
3800 DONALD AVENUE

KEY WEST FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033516 (1)

GENSHIN BUILDING CORP.

04/17/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #. etc Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SNELL, WILLIAM B 3800 DONALD AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 KEY WEST FL FL **B3** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signal as my color printed name of registrated agent and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition THE 1.1 TITLE SNELL, WILLIAM B NAME 1.2 NAME 3800 DONALD AVE. 1.3 STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CHY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change Addition THE 21 TITLE WEBSTER, DEEMSAM B NAME 22 NAME 619 GRINNELL ST. STREET ADDRESS 23 STREET ADDRESS **KEY WEST FL 33040** City-St-7P 2 4 CITY-ST-ZIP DELETE Addition Change TILE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-S1-2II 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TIDLE 4. 2 NAME NAMé STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY: ST ZIP □ DELETE Change Addition 11°LE 51 TULE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P C(1Y - S1 - 7)F TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDIESS 6.3 STREET ADDRESS CHTY - ST - ZIF 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 Brock 12 or Block and the corporation or an attachment with an address.

SIGNATURE:

SIGNATURE AND TWEE OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

305-294-1490

FILED

Apr 11 1997 8:00am

Secretary of State

3a. Date of Last Report

96/6)

CR2E034

3. Date Incorporated or Qualified

Daytime Phone #