


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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000048779 (8) 1. Corporation Name GENESIS MANUFACTURING & ENGINEERING, INC.					
Principal Place of Business 3018 NAVIGATOR AVENUE SANFORD FL 32773			Mailing Address 3018 NAVIGATOR AVENUE SANFORD FL 32773-8730		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3390603	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROMERO, NORA B 2411 E. GRAVES AVENUE STE 4 ORANGE CITY FL 32763				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. 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 _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D <input type="checkbox"/> DELETE		1.1 TITLE	
NAME		OLIVER, ABRAHAM		P/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		1007 PIONEER DRIVE		1.2 NAME	
CITY-ST-ZIP		DELTONA FL 32725		1.3 STREET ADDRESS	
TITLE		D <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
NAME		OLIVER, FLOR		2.1 TITLE	
STREET ADDRESS		1007 PIONEER DRIVE		S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		DELTONA FL 32725		2.2 NAME	
TITLE		<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
NAME				2.4 CITY-ST-ZIP	
STREET ADDRESS				3.1 TITLE	
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.2 NAME	
NAME				3.3 STREET ADDRESS	
STREET ADDRESS				3.4 CITY-ST-ZIP	
CITY-ST-ZIP				4.1 TITLE	
TITLE		<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME				6.1 TITLE	
STREET ADDRESS				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				6.2 NAME	
TITLE		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
NAME				6.4 CITY-ST-ZIP	
STREET ADDRESS					
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, or on an attachment with an address.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

04-15-97

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