5-498 B- LLC STER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600056861 (3)

FILED May 06 1998 8:00am Secretary of State

GENE	SIS REVELATION, INC.	, ,			
Principal Plac	ce of Business	Mailing Address		I I I I I I I I I I I I I I I I I I	HE BILLER FOLIA BILLAY INST. FORT
719 DAWSON AVE 719 DAWSON AVE ORLANDO FL 32825 ORLANDO FL 32825 US US			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	
				07/05/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3389854	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin			Country	Trust Fund Contribution	Added to Fees
24	Country	Zip	Country	8. This corporation owes or has paid the cur	
£4	25 9. Name and Address of Cui		30	Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes X No
Di		The state of the s	81 Name	10. Hamin and Addings of frew hegistered !	Janu
PURCELL, CHERYL A 538 N PARRAMORE AVE					
ORLANDO FL 32801			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	Ì
ORLANDO FL 32001			83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statutes	s, the above-named corp	pration submits this statement for the purpose of	changing its registered
office or r	registered agent, or both, in the St	ate of Florida, Such change was au	thorized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appr	ointment as registered
	an partinue with, unit hoody title of	rigations (7, occupition 1000), Flor	ida dialules.		
SIGNATURE	Signature, typied or printed name of regulatered	agent and lite if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE	,
12.	OFFICE RS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETË	1.1 TITLE		Change Addition
NAME	BLAIR, ROLLIN		1.2 NAME		l'
STREET ADDRESS	719 DAWSON AVE		1.3 STREET ADDRESS		Į;
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	2. 4 CITY-ST-ZIP		Donne Dadien
NAME		רו הנונונ	3.1 TITLE		Change Addition
STREET ADORESS			3.2 NAME		
CITY-ST-ZIP			3 3 STREET ADDRESS		
TITLE		☐ DEL ĒTE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		_ Shange _ Rocition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	certify that the information supplied	with this filing does not qualify for		Section 119 07(3)(i) Florida Statutes, I further cer	tify that the information

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 changed, or on an algorithm address

A Blain O.

Dlais

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