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**Apr 29 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 # P96000063987 (7)

**1. Corporation Name
GENESIS APS INC.**



**Principal Place of Business
C/O OPPENHEIM & ASSOCIATES
3191 CORAL WAY - SUITE 800
MIAMI FL 33145**

**Mailing Address
C/O OPPENHEIM & ASSOCIATES
3191 CORAL WAY - SUITE 800
MIAMI FL 33145-3218**

**3. Date Incorporated or Qualified
07/29/1996** **3a. Date of Last Report**

**2. Principal Place of Business
21 9575 BENFORD ROAD**

2a. Mailing Address

**4. FEI Number
65-0685589** **Applied For
Not Applicable**

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**22 City & State
23 ORLANDO, FL**

27 City & State

**6. Election Campaign Financing
Trust Fund Contribution** **\$5.00 May Be Added to Fees**

**24 Zip
32827** **25 Country
USA**

29 Zip **30 Country**

**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes** Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OPPENHEIM, STEVEN P ESQ
3191 CORAL WAY
SUITE 800
MIAMI FL 33145**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code**
FL

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 **Signature, typed or printed name of registered agent and title if applicable** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce, Aidan	1.2 NAME	
STREET ADDRESS	Ellerbeck Way, Stokesley Industrial Park	1.3 STREET ADDRESS	
CITY - ST - ZIP	Stokesley, N. Yorkshire TS9 5T2 U.K.	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fellows, Roy	2.2 NAME	
STREET ADDRESS	9575 Benford Road	2.3 STREET ADDRESS	
CITY - ST - ZIP	Orlando, FL 32827	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oppenheim, Steven P.	3.2 NAME	
STREET ADDRESS	3191 Coral Way #800	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33145	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Steven P. Oppenheim* **SECRETARY** **4-15-97** **305.443-0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)