

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90014 047 ***150.00

DOCUMENT # P96000063987

1. Corporation Name
GENESIS APS INC.



Principal Place of Business

~~9575 BENFORD ROAD~~
~~ORLANDO FL 32827~~
~~US~~

Mailing Address

C/O OPPENHEIM & ASSOCIATES
~~3191 GORAL WAY SUITE 800~~
~~MIAMI FL 33145~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

FEI Number

65-0685589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 547 WEST GRANT ST.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

24 32805

Country

25 USA

2a. Mailing Address

26 444 BRICKELL AVE

Suite, Apt. #, etc.

27 STE. 1000

City & State

28 MIAMI, FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

OPPENHEIM, STEVEN P ESQ

~~3191 GORAL WAY~~

~~SUITE 800~~

~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

444 BRICKELL AVE, SUITE 1000

83

84 City

MIAMI

FL

85 Zip Code

33131

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

Steven P. Oppenheim
Signature, typed or printed name of registered agent and title if applicable.

STEVEN P. OPPENHEIM

DATE

4/27/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME BRUCE, AIDAN
STREET ADDRESS ELLERBECK WAY, STOKESLEY INDUSTRIAL PARK
CITY-ST-ZIP STOKESLEY N

TITLE V ☐ DELETE
NAME FELLOWS, ROY
STREET ADDRESS ~~9575 BENFORD RD~~
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE S ☐ DELETE
NAME OPPENHEIM, STEVEN P
STREET ADDRESS ~~3191 GORAL WAY 800~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 547 WEST GRANT ST.
2.4 CITY-ST-ZIP ORLANDO, FL 32805

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 444 BRICKELL AVE, SUITE 1000
3.4 CITY-ST-ZIP MIAMI, FL 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Steven P. Oppenheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN P. OPPENHEIM
SECRETARY

Date

4/27/99

Daytime Phone #

305-371-5588

CR2E034 (11/98)

0272134