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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000063987**

1. Corporation Name
GENESIS APS INC.



Principal Place of Business: ~~9575 BENFORD ROAD ORLANDO FL 32827 US~~

Mailing Address: ~~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: **547 WEST GRANT ST.**

2a. Mailing Address: **444 BRICKELL AVE**

22. Suite, Apt. #, etc.: **SUITE 1000**

23. City & State: **ORLANDO, FL**

28. City & State: **MIAMI, FL**

24. Zip: **32805** Country: **USA**

29. Zip: **33131** Country: **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** State: **FL** 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* **STEVEN P. OPPENHEIM** DATE: **4/27/99**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/>
NAME	BRUCE, AIDAN	
STREET ADDRESS	ELLERBECK WAY, STOKESLEY INDUSTRIAL PARK	
CITY-ST-ZIP	STOKESLEY N	
TITLE	V	<input type="checkbox"/>
NAME	FELLOWS, ROY	
STREET ADDRESS	9575 BENFORD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/>
NAME	OPPENHEIM, STEVEN P	
STREET ADDRESS	3191 GORAL WAY 800	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	547 WEST GRANT ST.		
2.4 CITY-ST-ZIP	ORLANDO, FL 32805		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	444 BRICKELL AVE, SUITE 1000		
3.4 CITY-ST-ZIP	MIAMI, FL 33131		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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* **STEVEN P. OPPENHEIM** DATE: **4/27/99** Daytime Phone #: **305-371-5588**

SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)