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Jun 12 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 # P96000079968 (9)

1. Corporation Name
GENEX CAPITAL CORP.



Principal Place of Business

Mailing Address

~~6735 CANARY PALM CIRCLE
BOCA RATON FL 33433~~

~~6735 CANARY PALM CIRCLE
BOCA RATON FL 33433~~

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

Principal Place of Business

21 680 So Military Trail

Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH, FL

24 33442

25 USA

9. Name and Address of Current Registered Agent

WINE, WILLIAM
6735 CANARY PALM CIRCLE
BOCA RATON FL 33433

Mailing Address

26 680 So. Military Trail

Suite, Apt. #, etc.

27 City & State

28 DEERFIELD BEACH, FL

29 33442

30 USA

4. FEI Number

65-0703559

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C.E.O. ☐ DELETE

NAME PAUL B. KRAVITZ

STREET ADDRESS 4320 NW 101 DR

CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE PRESIDENT ☐ DELETE

NAME PAUL MITCHELL

STREET ADDRESS 1092 SO. MILITARY TRAIL, #305

CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE SECRETARY/TREASURER ☐ DELETE

NAME WILLIAM P. WINE

STREET ADDRESS 6735 CANARY PALM CIRCLE

CITY-ST-ZIP BOCA RATON, FL 33433

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

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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

CR2E034 (9/96)