## 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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

## DOCUMENT # P97000017898

Country

1. Corporation Name

GENESIS IMAGING, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

| Principal Place of Business                  | Mailing Address                              |
|--|--|
| 11110 SPRINGFIELD PL<br>COOPER CITY FL 33326 | 11110 SPRINGFIELD PL<br>COOPER CITY FL 33326 |
| . •  |  |

9. Name and Address of Current Registered Agent

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90063 045 \*\*\*150.00



|                                  | DO NOT WRITE IN THIS SPACE                                 |            |                                   |   |  |  |  |
|----------------------------------|--|------------|-----------------------------------|---|--|--|--|
| 3. Date Incorporated or Qualifed |  |            |                                   |   |  |  |  |
|                                  | 02/25/1997   |            |                                   |   |  |  |  |
|                                  | 4. FEI Number  |            | - Applied For                     |   |  |  |  |
|                                  | <sup></sup> 65-0733032                                     |            | Not Applicable                    | _ |  |  |  |
|                                  | 5. Certificate of Status Desired                           |            | \$8.75 Additional<br>Fee Required |   |  |  |  |
|                                  | Election Campaign Financing     Trust Fund Contribution    |            | \$5.00 May Be<br>Added to Fees    |   |  |  |  |
|                                  | This corporation owes the curre     Personal Property Tax. | ent year I | Intangible Yes  No                |   |  |  |  |
|                                  | 10. Name and Address of New R                              | teaistere  | ed Agent                          |   |  |  |  |

| CAZES, ISAAC<br>11110 SPRINGFIELD PL | 81 | Name   |  |  |  |
|--------------------------------------|----|--|--|--|--|
|                                      | 82 | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                      | 83 |  |  |  |  |
|                                      | 84 | City FL 85 Zip Code                                |  |  |  |

Country

30

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 appl   | icable (NOTE: E | Registered Agent signature require | d when reinstation) | DATE |             |            |
|----------------|--|-----------------|------------------------------------|---------------------|------|-------------|------------|
| 12.            | OFFICERS AND DIRECTO   | <u></u>         | 13.                                | ADDITIONS/CHANGE    |      | ND DIRECTOR | RS IN 12   |
| TITLE          | PSD  | ☐ DELETE        | 1.1 TITLE                          |                     |      | ☐ Change    | ☐ Addition |
| NAME           | CAZES, ISAAC   |                 | 1.2 NAME                           |                     |      |             |            |
| STREET ADDRESS | 11110 SPRINGFIELD PL   |                 | 1.3 STREET ADDRESS                 |                     |      |             | ĺ          |
| CITY-ST-ZIP    | COOPER CITY FL 33326   |                 | 1.4 CITY-ST-ZIP                    |                     |      |             |            |
| TITLE          |  | ☐ DELETE        | 2.1 TITLE                          |                     |      | ☐ Change    | ☐ Addition |
| NAME           |  |                 | 2.2 NAME                           |                     |      | ٠           |            |
| STREET ADDRESS | and the second s | -               | 2.3 STREET ADDRESS -               |                     |      | •           |            |
| CITY-ST-ZIP    |  |                 | 2.4 CITY-ST-ZIP                    |                     |      |             |            |
| TITLE          |  | ☐ DELETE        | 3.1 TITLE                          |                     |      | Change      | ☐ Addition |
| NAME           | •  |                 | 3.2 NAME                           |                     |      |             |            |
| STREET ADORESS |  |                 | 3.3 STREET ADDRESS                 |                     |      |             |            |
| CITY-ST-ZIP    |  |                 | 3.4 CITY-ST-ZIP                    |                     |      |             |            |
| TITLE          |  | ☐ DELETE        | 4.1 TITLE                          | <del></del>         |      | ☐ Change    | ☐ Addition |
| NAME           |  |                 | 4.2 NAME                           |                     |      |             |            |
| STREET ADDRESS | •  |                 | 4.3 STREET ADDRESS                 |                     |      |             |            |
| CITY-ST-ZIP    | <u> </u>   |                 | 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    | <u> </u>   |                 | 5.4 CITY-ST-ZIP                    |                     |      |             |            |
| TITLE          |  | ☐ DELETE        | 6.1 TITLE                          |                     |      | Change      | ☐ Addition |
| NAME           | •  |                 | 6.2 NAME                           |                     |      |             |            |
| STREET ADDRESS |  |                 | 6.3 STREET ADDRESS                 |                     |      |             |            |
| CITY OT 710    |  |                 | 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.

4-26-99 305-651-2020