Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90091 020 ***150.00

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

DOCUMENT # P9700069330

1. Corporation Name

GENSUA	I III, INC.								
Principal Place	e of Business	Mailing Address				 	AIII ARAIL ROSSA	Elilà lains :liac	
11622 NW 13TH CORAL SPRING		11622 NW 13TH MANOR CORAL SPRINGS FL 33071			DO NOT WR	ITE IN THIS	SPACE		
	•				3. C	Date I rcorporated or Qualifed			
					Ι (08/08/1997			
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. F	El Number		Ap	plied For
21		26			6	55-0774332			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired		\$8.75	
22		27		_	J. \			Fee Re	·——
City & State	e	City & State			1	Electicn Campaign Financing	П	\$5.00	
23		28				Frust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Countr	У	•	This corporation owes the cur	rent year Int		7
24	25	29	30			Personal Property Tax.	Posistar d	Yes	□No
	9. Name and Address of Curren	: Registered Agent	8	1 Name		Name and Address of New	Registered	Agent	
CHVI	DEEE ELIINT		ľ	Name					
SHAREFF, ELLIOT 11622 NW 13TH MANOR			8:	2 Street	Address (P.0	D. Box Number is Not Accept	table)		
CORAL SPRINGS FL 33071			0.	-		_			
COR	AL SPRINGS I'L 3307 I		8:	"					
			8	4 City				85 Zip (Code
office or n	to the provisions of Sections 607.050 egistered agent, or bcth, in the State m familiar with, and a cept the obliga	of Florida. Such change was a tions of, Section 607.0505, Fla	authorized b orida Statute	y the corposis.	req iired when rein	ing of directors. I hereby acce	DATE	mment as re	
	Signature, typed or printed no me of registered age	ID DIRECTORS	13.	ent signature (ODITIONS/CHANGES TO OF		ID DIRECTO	ES IN 12
TITLE	D OFFICERS AN	DELETE	11 TITLE		T	DETTI MOTO INTO LO TO O	THOLITO: II	Change	Addition
NAME	SHAREFF, ELLIOT		1.2 NAME						
STREET ADDRESS	11622 NW 13TH MANOR			ET ADDRESS					
	CORAL SPRINGS FL 33071			ST-ZIP					
CITY-ST-ZIP	D			01-211	 			Change	Addition
NAME	SHAREFF, SARA SUE		2.2 NAME	<u> </u>					
STREET ADDRESS				ET ADDRESS	,				
CiTy-ST-ZIP	-CORAL-SPRINGS FL-33071-		-2:4 CITY						
TITLE	COURT OF FRIENDS	☐ DELETE	3.1 TITLE		\top			Change	Addition
NAME			3 2 NAME	<u> </u>					
STREET ADORÉ SS			3.3 STRE	ET ADDRESS	;				
CITY-ST-ZIP			3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAM	E	}				
STREET ADDRESS			4.3 STRE	ET ADORESS	3				
CITY-ST-ZIP			4 4 CITY-	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	51 TITLE	:	1			Change	☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 or derivative that I am an officer or director of the corporation or the receiver or trustee emptyered 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 attack ment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

F SIGNING OFFICE ? OR DIRECTOR

☐ DELETE

Change

Addition

CR2E034 (11/98)