

FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 18 1998 8:00am
Secretary of State

DOCUMENT # P97000096330

1. Corporation Name

Genesis Diversified Investments, Inc.

Principal Place of Business

**501 W HORATIO ST
TAMPA FL 33606-2265
US**

Mailing Address

**501 W. HORATIO ST
TAMPA FL 33606-2265
US**



2. Principal Place of Business

21 501 S. Dakota Avenue

2a. Mailing Address

26 501 S. Dakota Avenue

County, Apt. #, etc.

County, Apt. #, etc.

22 B2

27 B2

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip Country

Zip Country

24 33606-2501

29 33606-2501

30

3. Date Incorporated or Qualified

11/12/1997

3a. Date of Last Report

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

**EL-BATRAWI, RAMY
501 W HORATIO ST
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

El-Batrawi, Ramy

82

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

501 S. Dakota Ave #B2

83

84

City Tampa,

FL

85 Zip Code
33606

11. Pursuant to the provisions of Sections 607.07(2)(c) and 607.1505, 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 duties and responsibilities of, Florida Statutes.

SIGNATURE

(If the registered agent is a corporation, the signature of the president or officer must be provided)

(If the registered agent is a corporation, the signature of the president or officer must be provided)

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ **D** ☐ **EL-BATRAWI, RAMY**

2. STREET ADDRESS **501 W. Horatio Street**

3. CITY, STATE, ZIP **Tampa, FL 33606**

4. NAME ☐ **EL-BATRAWI, RAMY**

5. STREET ADDRESS **501 W. Horatio Street**

6. CITY, STATE, ZIP **Tampa, FL 33606**

7. NAME ☐ **EL-BATRAWI, RAMY**

8. STREET ADDRESS **501 W. Horatio Street**

9. CITY, STATE, ZIP **Tampa, FL 33606**

10. NAME ☐ **EL-BATRAWI, RAMY**

11. STREET ADDRESS **501 W. Horatio Street**

12. CITY, STATE, ZIP **Tampa, FL 33606**

13. NAME ☐ **EL-BATRAWI, RAMY**

14. STREET ADDRESS **501 W. Horatio Street**

15. CITY, STATE, ZIP **Tampa, FL 33606**

16. NAME ☐ **EL-BATRAWI, RAMY**

17. STREET ADDRESS **501 W. Horatio Street**

18. CITY, STATE, ZIP **Tampa, FL 33606**

19. NAME ☐ **EL-BATRAWI, RAMY**

20. STREET ADDRESS **501 W. Horatio Street**

21. CITY, STATE, ZIP **Tampa, FL 33606**

22. NAME ☐ **EL-BATRAWI, RAMY**

23. STREET ADDRESS **501 W. Horatio Street**

24. CITY, STATE, ZIP **Tampa, FL 33606**

25. NAME ☐ **EL-BATRAWI, RAMY**

26. STREET ADDRESS **501 W. Horatio Street**

27. CITY, STATE, ZIP **Tampa, FL 33606**

28. NAME ☐ **EL-BATRAWI, RAMY**

29. STREET ADDRESS **501 W. Horatio Street**

30. CITY, STATE, ZIP **Tampa, FL 33606**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME ☒ **D** ☐ **EL-BATRAWI, RAMY** ☒ Change ☐ Addition

2. STREET ADDRESS **501 S. Dakota Avenue** **#b2**

3. CITY, STATE, ZIP **Tampa, FL 33606-2501**

4. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

17. STREET ADDRESS

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19. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

26. STREET ADDRESS

27. CITY, STATE, ZIP

28. NAME ☐ **EL-BATRAWI, RAMY** ☐ Change ☐ Addition

29. STREET ADDRESS

30. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this statement or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on changed, or on an attachment with an address.

SIGNATURE

[Signature]

5/1/98

5/1/98