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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700096812

1. Corpc ration Name

GENLO, INC.

	_							iki ilen ile ile	
Principal Place of Business Mailing Address						I salestate (12 (24)) reads about delic about and 1810 acres raise title unes read			
57 02 Mar ina (Holmes Beac		5702 MARINA DRIVE HOLMES BEACH FL 34:217		DO NOT WRITE IN "HI	IS SPACE				
						3. Date Incorporated or Qualifed 11/13/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	/	A oplied For	
11		26				65-0799278		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	¥ - · · · -	Additional Required	
City & Stat	е	City & State				6. Election Campaign Financing Trus: Fund Contribution		May Be	
Zip	Co intry	Zip	Cou	ntry		8. This corporation owes the current year li			
4	25		30			Pers anal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		<u>L</u> .,		10. Name and Address of New Registered	d Agent		
000				81	Name				
DORMAN, LORI M ESQ Conley & Cleary				82	Street A	ddress (P.O. B)x Number is Not Acceptable)			
2401 MANATEE AVENUE W				83					
BRA	DENTON FL 34205			84	City	Į=i	85 Zi	p Code	
agen . I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Horida Stati	utes	•	ation's board o' directors. I hereby accept the appropriation of the app			
12.		ID DIRECTORS	13.	3		ADDITIONS/CHANGES TO OFFICERS: A	ND DIRECT	TORS IN 12	
TITLE	D	DELETE	1,1 TJ	TLE			☐ Change		
NAME	GENTILUOMO, FRANK		1.2 NA	ME					
STREET ADDFESS	603 KEY ROYALE DR.				ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL 34217		1.4 CI						
TITLE	D	□ DELETE		2.1 TITLE			Change	e	
NAME	GENTILUOMO, BARBARA	<u></u>	2.2 N		İ				
STREET ADDF:ESS	603 KEY ROYALE DR.				ADDRESS				
	HOLMES BEACH FL 34217								
City-st- <u>zip</u> Title	HOLINES DENOTITE 542 (7	☐ DELETE	3.1 TI		T-ZIP		☐ Change	e Addıt	
		_ JEEE IE	3.1 N		j		,	_	
NAME									
STREET ADDFESS					ADORESS				
CITY-ST-ZIP		□ DELETE	3.4. C		T-ZIP		☐ Change	e	
TITLE		☐ DELETE	4.1 TI				□ Chang	e LI Audili	
NAME			4.2 N	AME					

14. I here by 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 indical ed on this annual report or supplemental annual report is true and accurate and that my signa ure 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 with all other like empor

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDFESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

Addition

Addition