2-17-98 B-2120 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

Block 12 or Block 13 if changed, or

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103487 (9)

GENESIS VENTURES, INC.

Principal Place of Business Mailing Address 654 WEST BRANDON BLVD. 654 WEST BRANDON BLVD. BRANDON FL 33511 **BRANDON FL 33511** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1997 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DECELLES, RONALD E 654 WEST BRANDON BLVD. Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE **PSTD** TITLÉ DECELLES, RONALD E NAME 1.2 NAME 3010 RIDGE VALE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP 1.4 City - St - ZiP Addition DELETE 2.1 TITLE Change TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

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 supplied entity that I am an officer or director of the corporation of the receiver or responsible in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

DELETE

2-12-90

Change

Addition

FILED

Feb 17 1998 8:00am

Secretary of State