

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90007 008 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P98000016506

1. Corporation Name
GENOTEK INTEGRATED SERVICES, INC.



Principal Place of Business 7008 NW 81 COURT TAMARAC FL 33321 7715 NW 48TH ST # 359 MIAMI, FL 33166		Mailing Address 7008 NW 81 COURT TAMARAC FL 33321 7715 NW 48TH ST # 395 MIAMI, FL 33166		3. Date Incorporated or Qualified 02/19/1998	
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2. Principal Place of Business 21 7715 NW 48TH ST # 359 Suite, Apt. #, etc. 22 395 City & State 23 MIAMI FL Zip 24 33166 Country 25 MIAMI-DADE		2a. Mailing Address 26 7715 NW 48TH ST # 395 Suite, Apt. #, etc. 27 395 City & State 28 MIAMI, FL Zip 29 33166 Country 30 MIAMI-DADE		4. FEI Number 65-0816553 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLETCHER, DALE 7008 NW 81 COURT TAMARAC FL 33321 1901 SW 124TH WAY MIAMI, FL 33027				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 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]* DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FLETCHER, DALE <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, DALE	1.2 NAME	FRANK RODRIGUEZ
STREET ADDRESS	7008 NW 81 COURT 1901 SW 124TH WAY	1.3 STREET ADDRESS	13440 SW 98TH CT
CITY-ST-ZIP	TAMARAC FL 33321 MIAMI, FL 33027	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D BURRELL, ROWENA <input type="checkbox"/> DELETE	2.1 TITLE	D FLETCHER, ROWENA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRELL, ROWENA	2.2 NAME	FLETCHER, ROWENA
STREET ADDRESS	7008 NW 81 COURT	2.3 STREET ADDRESS	19401 SW 124TH WAY
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	MIAMI, FL 33027
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* DATE: 7/06/99 DAYTIME PHONE #: 305-718-4366

CR2E034 (5/99)



"Your #1 Network Solution Provider!"

July 6, 1999

587830-90007-8
P98000016506

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Re: Annual Report

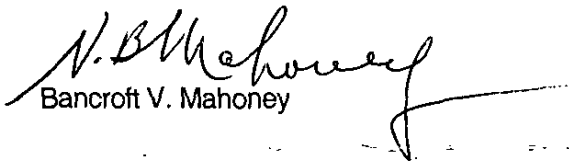
To Whom it may concern

Please accept our apology for the payment being late. Enclosed is our check #1703 dated July 6, 1999 for the amount of \$150.00.

The fee for the annual report is late because we did not receive the first notice.

We have changed our address, which the apparent reason why we could make the payment on time.

Yours truly,


Bancroft V. Mahoney