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 # P98000045570

1. Corporation Name

GENMOR, INC.

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90002 012 ***150.00



									7 1000 11100 1110 10100 10110 00111 00111 00111 00111			INII NEIL ENNE
Principal Place of Business Mailing Address												
7418 WESTMORELAND DRIVE 7418 WESTMORELAN SARASOTA FL 34243 SARASOTA FL 34243				RIVE								
OMMOOTH 1 E VIETO								DO NOT WRITE IN THIS SPACE				
									Date Incorporated or Qualifed 04/06/1998			
2 Principal DI	ace of Business	22	Mailing Address					_	FEI Number	Т	App	lied For
─ '	ace of business	26	Maining Madress						65-0845441	- F	+	Applicable
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.							\$8.		ditional
22			27					5. Certificate of Status Desired - Fee Required				
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23		28	77.4		ountry	_			Trust Fund Contribution		ded to	rees
Zip	Country 25	29	Zip	30	ounuy	•			This corporation owes the current year Int. Personal Property Tax.	angible Yes	; [No
24			tored Agent	1301					Name and Address of New Registered	Agent		
Name and Address of Current Registered Agent							Vame		ana para a man nagarata	U		
BOW	MAN, DAVID G JR.				82	١,	Ct ot Addron	- /D	O. Boy Number is Not Acceptable)			
22 SOUTH TUTTLE AVENUE					02	`	Street Addres	address (P.O. Box Number is Not Acceptable)				
SUIT					83							
SAH	ASOTA FL 34237				84	. (City		F-1	85	Zip C	ode
							<u> </u>			11		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Floric	la. Such change was a	authonz	ed by	the	amed corporation	ation 's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appoin	cnangii ntment	as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	f applicable (NOT)	F. Paniete	red Ane	nt eir	gnature required w	vhen re	einstating) DATE			
12.	OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	<u>-</u> -	3.	-	911010-0104010011		ADDITIONS/CHANGES TO OFFICERS AN	D DIRI	ECTO	RS IN 12
TITLE	D	10 Dirit	DELETE		TITLE					□ Ch		Addition
NAME	BECKSTEIN, EUGENE H			1.3	NAME							
STREET ADDRESS	7418 WESTMORELAND DRIVE			1.3	STREE	TAD	DORESS					
CITY-ST-ZIP	SARASOTA FL 34243			14	CITY-S	T-Z	IP					
TITLE	D		☐ DELETE	2.1	TITLE					Ch	ange	☐ Addition
NAME	BECKSTEIN, ANNABELLE			2.3	NAME		Ì					
STREET ADDRESS	7418 WESTMORELAND DRIVE			2.3	STREE	TAD	DDRESS					
CITY-ST-ZIP	SARASOTA FL 34243			2.	4 CITY-S	ST-2	ZIP				•	
TITLE			☐ DELETE	3.1	TITLE					Ch	ange	☐ Addition
NAME					NAME							
STREET ADDRESS					STREE							
CITY-ST-ZIP			☐ DELETE	_	. CITY-S	ST-Z	ZIP			☐ Ch	ange	Addition
TITLE			∴ DELETE		TITLE							
NAME ATRICET ARRESTA				- 1	2 NAME 3 STREE		ADDESS.					
STREET ADDRESS					4 CITY-S		}					
CITY-ST-ZIP TITLE			☐ DELETE	-	1 TITLE	, 1 - Z				Ch	ange	Addition
NAME					2 NAME				•			
STREET ADDRESS				5.3	STREE	TAD	DORESS					ě
CITY-ST-ZIP	1			5.4	CITY-S	ST-Z)P					
TITLE			☐ DELETE	6.	1 TITLE			, , , , ,		Ch	ange	☐ Addition
NAME				6.3	2 NAME				•			

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

941-351-2060