**FILED** 

Jun 10, 1999 8:00 am

Secretary of State

06-10-1999 90021 046 \*\*\*550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000069914

GENESIS INVESTMENT PROPERTIES, INC.

	ce of Business	Mailing Address		<del> </del>								
24840 BURNT Suite 2	PINE DRIVE		24840 BURNT PINE DRIVE SUITE 2									
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134						į	DO NOT WRITE IN THIS SPACE					
						[	3.	Date Incorporated or Qualifed				İ
								08/06/1998				
2. Principal I	Place of Business	2a. Mailing Addre	2a. Mailing Address					FEI Number			App	lied For
21		26						59-3530750				Applicable
Suite, Apt	. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.				_	Certificate of Status Desired	٦	· ·		dditional
22		27					5. Certificate of Status Desired Fee Required					
City & Sta	ite	City & State	<u> </u>				6. Election Campaign Financing			\$5.00 May Be Added to Fees		
		28						Trust Fund Contribution				rees
Zip	Country	Zip		ountry	1		8.	This corporation owes the current	•			¬
24	25	29	30					Personal Property Tax.		☐ Ye	S [	□No
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
CONROY, J. THOMAS III MORRISON & CONROY, P.A. 3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES FL 34103					N	ame						
					Si	treet Addres	ddress (P.O. Box Number is Not Acceptable)					
					84 City FL 85						Zip C	ip Code
fire or	registered agent or both i	ons 607.0502 and 607.1508, Flori n the State of Florida, Such chan of the obligations of, Section 607.0	de was authoriz	ed by	the	med corpor corporation	atior 's bo	n submits this statement for the pur pard of directors. I hereby accept the	onse of o	changi tment	ng its r as reg	egistered istered
SIGNATURE		·	OFF B				<b>.</b>	- (notating)	DATE		<del></del>	
		registered agent and title if applicable FICERS AND DIRECTORS	(NOTE: Register		nt sign	Jatrice Ledinisea A		ADDITIONS/CHANGES TO OFFIC		D DIR	FCTO	RS IN 12
12.	<del></del>			TITLE				ABBITIONS/OFFANGES TO STITE	21 10 7 11 1			Addition
TITLE	D NACHBARA MARCA				1.2 NAME						Ū	_
NAME	Tanoi inicia, oninco A											
STREET ADDRES	DONES ORBINO EL AMON				1.3 STREET ADDRESS							
CITY-ST-ZIP	50			1.4 CITY-ST-ZIP						☐ Cł	ange	☐ Addition
TITLE					2.1 TITLE						.ago	
NAME	THE CET, THOUSAND B				2.2 NAME							
STREET POSITION THE STREET OF COLOR				2.3 STREET ADDRESS								
CITY-ST-ZIP	10			4 CITY-ST-ZIP								Addition
TITLE	0		LETE 31	TITLE						□ Ch	ıange	
NAME	CONROY, J. THOMA	S III	3.2	NAME								
STREET ADDRESS 3838 TAMIAMI TRAIL N., SUITE 402 3.3 S					TADE	RESS						

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, with all other like empowered.

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4 1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

NAPLES FL 34103

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. Thomas Conroy, III Pale

2/12/99

(941)649<u>-5200</u>

☐ Addition

Addition

Addition

Change

Change

☐ Change