

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90040 029 ***150.00

0315743

DOCUMENT # P98000079039

1. Corporation Name
GENESIS WAY, INC.

Principal Place of Business
POST OFFICE BOX 19439
PLANTATION FL 33318

Mailing Address
POST OFFICE BOX 19439
PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

65-0871366

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 1990 N.E. 163rd STREET

Suite, Apt. #, etc.

22 SUITE #104

City & State

23 NORTH MIAMI BEACH, FL

Zip

24 33162

Country

25 U.S.A.

2a. Mailing Address

26 1990 N.E. 163rd STREET

Suite, Apt. #, etc.

27 SUITE #104

City & State

28 NORTH MIAMI BEACH, FL

Zip

29 33162

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CARTER, KEITH L
16610 S.W. 103RD PLACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ, SUSAN L	
STREET ADDRESS	540 N.W. 75TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ, OSVALDO L	
STREET ADDRESS	540 N.W. 75TH TERRACE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, N. BEVERLY	
STREET ADDRESS	16610 S.W. 103RD PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTER, KEITH L	
STREET ADDRESS	16610 S.W. 103RD PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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.

SIGNATURE:

X N. BEVERLY CARTER REC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

(305) 945-2224
Daytime Phone #

CR2024 11/08