FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-1-95

FLORIDA DEPARTMENT OF STATE

B-6847 C

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 PM 1:40

DOCUMENT # V53189 (9)

1. GENIE BOTTLES, INC.

Principal Place of Business	Mailing Address
4463-C ASHTON RD SARASOTA FL 34233 US	4463C ASHTON ROAD SARASOTA FL 34233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1992	3a. Date of Last Report: 05/11/1994
4. FEI Number: 65-0356621	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 has liability for intangible tax under S. 199.032 Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LESS, ANNA 4463C ASHTON ROAD SARASOTA FL 34233	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12
TITLE	DP	☐ Change ☐ Addition
NAME	LESS, ANNA	
STREET ADDRESS	5011 WINDWARD AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	☐ Change ☐ Addition
NAME	LESS, DAVID	
STREET ADDRESS	5011 WINDWARD AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	☐ Change ☐ Addition
NAME	HARVEY, RICHARD	
STREET ADDRESS	5011 WINDWARD AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		REMITTED BY MAY 1
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0349400 CP