

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathram  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F55521 (1)**  
1. Corporation Name  
**SERJ-ONE, INC.**



Principal Place of Business: **316 SW 76TH TERR NO LAUDERDALE FL 33068 US**  
Mailing Address: **316 SW 76 TERR NO LAUDERDALE FL 33068 US**

3. Date Incorporated or Qualified: **11/20/1981**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **59-2158569**  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**COMPTON, ROBERT J., ESQ.  
117 QUEEN CHRISTINA CT  
FT PIERCE FL ~~34949~~  
34951**  
*9415 BUNTING LANE*

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  
**FL**

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ELMAN, SANDRA	
STREET ADDRESS	9901 W SAHARA AVE #2019	
CITY, ST, ZIP	LAS VEGAS NV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELMAN, SANDRA	
STREET ADDRESS	9901 W SAHARA AVE #2019	
CITY, ST, ZIP	LAS VEGAS NV	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELMAN, RANDY KEITH	
STREET ADDRESS	316 SW 76TH TERR	
CITY, ST, ZIP	NO LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELMAN-MORIN, SUSAN G.	
STREET ADDRESS	319 4 ST	
CITY, ST, ZIP	FAIRVIEW NJ	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. NAME	
29A. STREET ADDRESS	
24. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
36. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
59. NAME	
63. STREET ADDRESS	
64. 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)(k), 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: *Sandra Elman Pres.* **3/14/96**

CR2E034 (12/95)