


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J86861 (8)  
1. Corporation Name  
ONE TWO TREE, INC.

Principal Place of Business  
2050 S.W. 71ST AVE.  
MIAMI FL 33155

Mailing Address  
12420 S.W. 109 AVE.  
MIAMI FL 33176  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 2950 SW 71 AVE		08/06/1987	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Miami, FL		59-2844328	
24 Country		29 33155		5. Certificate of Status Desired	
25		30 USA		X	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. X Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TERWILLIGER, PAUL E. 12420 SW 109 AV MIAMI FL 33176		81 Name Marc Terwilliger	
		82 Street Address (P.O. Box Number is Not Acceptable) 11625 SW 114 CT	
		83	
		84 City Miami	
		FL 85 Zip Code 33176	

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 *Marc Terwilliger* *Marc Terwilliger* 4/30/98  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	VD
NAME	TERWILLIGER, PAUL E.	1.2 NAME	
STREET ADDRESS	12420 SW 109 AVE.	1.3 STREET ADDRESS	9519 SW 138 PL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	VD	2.1 TITLE	
NAME	TERWILLIGER, MARC	2.2 NAME	
STREET ADDRESS	11625 SW 114 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	ST/D
NAME	TERWILLIGER, JOAN	3.2 NAME	
STREET ADDRESS	11625 SW 114 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	TERWILLIGER, MARILYN	4.2 NAME	
STREET ADDRESS	12420 SW 109 AVE	4.3 STREET ADDRESS	6824 SW 114 PL UNIT C
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33173
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Marilyn C. Terwilliger* 4/30/98 305-267-1431

CP2E034 (10/97)