


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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P96000065896 (8)
 1. Corporation Name
PART ONE, INC.



Principal Place of Business
**2115 PALM BAY ROAD NE #6E
 PALM BAY FL 32905**

Mailing Address
**2115 PALM BAY ROAD NE #6E
 PALM BAY FL 32905-2936**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report NONE/NEW
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3393240	Applied For Not Applicable
22	City & State SAME	27	City & State SAME	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BETTEN, LAURA K 629 E. NEW HAVEN AVENUE MELBOURNE FL 32901				81	Name BETTEN, LAURA K		
				82	Street Address (P.O. Box Number is Not Acceptable) 1361 BED FORD DR.		
				83			
				84	City MELBOURNE	FL	85

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE **BETTEN LAURA K.** **3/11/97**
Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent's signature required when re-issuing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	SEC/TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASSANISI, JOHN P	12 NAME	CLAUDE M. PASSANISI
STREET ADDRESS	1414 ISLAND GREEN DRIVE NE	13 STREET ADDRESS	1414 ISLAND GREEN DR. NE.
CITY-ST-ZIP	PALM BAY FL 32905	14 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLEY, BERT N III	22 NAME	
STREET ADDRESS	4005 LAKE WASHINGTON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 attached change of name address.

SIGNATURE **[Signature]** **3/11/97 407-778-4927**

CR2E034 (9/96)