

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

FILED

**Feb 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000068580 (6)
1. Corporation Name
1 PLUS INC.



Principal Place of Business
**3515 WASHINGTON ROAD
WEST PALM BEACH FL 33405**

Mailing Address
**3515 WASHINGTON ROAD
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1995

4. FEI Number
59-3367017

2. Principal Place of Business
21 **6054 OAK LEAF CIR.**
Suite, Apt. #, etc.
22

2a. Mailing Address
26 **6054 OAK LEAF CIR.**
Suite, Apt. #, etc.
27

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

23 **SEBRING, FL**
City & State
24 **33870**
Zip
25 **SEBRING**
Country
28 **SEBRING, FL**
City & State
29 **33870**
Zip
30 **HIGHLANDS**
Country

9. Name and Address of Current Registered Agent
**BERGHAUS, THEODORE
3515 WASHINGTON ROAD
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6054 OAK LEAF CIRCLE
83
84 City **SEBRING** FL 85 Zip Code **33870**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGHAUS, THEODORE	1.2 NAME	
STREET ADDRESS	3515 WASHINGTON ROAD	1.3 STREET ADDRESS	6120 OAK LEAF CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33405	1.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, KAY	2.2 NAME	
STREET ADDRESS	3515 WASHINGTON ROAD	2.3 STREET ADDRESS	6120 OAK LEAF CIRCLE
CITY-ST-ZIP	WEST PALM BEACH FL 33405	2.4 CITY-ST-ZIP	SEBRING, FL 33870
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Kay Co. Kroll 2/6/98 941-655-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0311559

CR2E034 (10/97)