

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

FILED

Feb 19 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 # 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 33068-1358  
US

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>11/20/1981  | 3a. Date of Last Report<br>03/21/1996                  |
| 4. FEI Number<br>59-2158569  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent

COMPTON, ROBERT J., ESQ.  
9415 BUNTING LANE  
FT PIERCE FL 34951

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL 85 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------|---|--|
| TITLE                      | PST                     | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELMAN, SANDRA           | 1.2 NAME  |  |
| STREET ADDRESS             | 9901 W SAMARA AVE #2019 | 1.3 STREET ADDRESS                                    | 9300 MT. CHAGRIS AVE #101  |
| CITY-ST-ZIP                | LAS VEGAS NV            | 1.4 CITY-ST-ZIP                                       | LAS VEGAS, NV 89139  |
| TITLE                      | D                       | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ELMAN, SANDRA           | 2.2 NAME  | AS ABOVE   |
| STREET ADDRESS             | 9901 W SAMARA AVE #2019 | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAS VEGAS NV            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ELMAN, RANDY KEITH      | 3.2 NAME  |  |
| STREET ADDRESS             | 316 SW 76TH TERR        | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NO LAUDERDALE FL        | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ELMAN-MORIN, SUSAN G.   | 4.2 NAME  |  |
| STREET ADDRESS             | 319 4 ST                | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FAIRVIEW NJ             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 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                      |                         | 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 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 attachment with an address.

SIGNATURE: Sandra Elman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97  
Date

Daytime Phone #

CR2E034 (9/96)