

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F66122 (5)
1. Corporation Name
ORANGE ONE MANAGEMENT, INC.



Principal Place of Business Mailing Address
1011 IVES DAIRY ROAD, SUITE 210
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified **02/05/1982** 3a. Date of Last Report **04/18/1995**
4. FEI Number **59-2160964** Applied For ☐ Not Applicable ☐
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
2650 NE 189 Street 27 **2650 NE 189 Street**
City & State 28 City & State
Miami Beach 28 **N Miami Beach**
Zip 25 Country 29 Zip 30 Country
33180 25 **Dade** 29 **33180** 30 **Dade**

9. Name and Address of Current Registered Agent

AIN, CLIFFORD B.
1011 IVES DAIRY ROAD, SUITE 210
NORTH MIAMI BEACH 33179

10. Name and Address of New Registered Agent

81 Name **Ain, Clifford B.**
82 Street Address (P.O. Box Number is Not Acceptable)
2650 NE 189 Street
83
84 City **N Miami Beach** FL 85 Zip Code **33180**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	DSP
NAME	AIN, CLIFFORD B
STREET ADDRESS	1011 IVES DAIRY RD, S210
CITY-ST-ZIP	NORTH MIAMI BCH FL
TITLE	DT
NAME	AIN, THEODORE
STREET ADDRESS	1101 NW 101 WAY
CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE	DSP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ain, Clifford B.	
1.3 STREET ADDRESS	2650 NE 189 Street	
1.4 CITY-ST-ZIP	N Miami Beach, FL 33180	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ain, Theodore	
2.3 STREET ADDRESS	6881 Sun River Road	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Clifford B. Ain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

(305) 931-8844

Date

Daytime Phone #

CR2E034 (12/95)