SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).						\mathbf{FILED}	0115100
PROFIT FLORIDA DEPART CORPORATION Katherin ANNUAL REPORT Secretary			ine Har			Aug 04, 1999 8:00 am Secretary of State	
1999 DIVISION OF CORPORATIONS					08-04-1999 90001 032 ***550.00		
DOCUMENT # F9300002944							
	ONE, INC.						,
					<u>-</u>		
Principal Place of Business Mailing Address 3131 NORTH I-10 SERVICE ROAD 3131 NORTH I-10 SERVICE ROAD							
METAIRIE LA 70002 METAIRIE LA 70002					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	1	
						06/25/1993	
2. Principal Pl	ncipal Place of Business 2a, Mailing Address 26					4. FEI Number Applied For 72-0850161 Not Applicable	
Suite, Apt. a	Suite, Apt. #, etc. Sûite, Apt. #, etc.			<u></u>		5. Certificate of Status Desired Status Desired Fee Required	
22 City & State	State 27 City & State					6. Election Campaign Financing 55,00 May Be	
23	Zip Country Zip			Country		Trust Fund Contribution Added to Fees	
21p 24	25	29	30			This corporation owes the current year Intangible Personal Property. Yes No	
	9. Name and Address of Current	Registered Agent		81 Nam	ne	10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		ss (P.O. Box Number is Not Acceptable)	{
PLANTATION FL 33324				83			
				84 City		F1 85 Zip Code	{ .
 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 a	m familiar with, and accept the obligati	ons of, section 607.0505, F	lorida Sta	tutes.			i ·
	Signature, typed or printed name of registered egent a OFFICERS AND		IOTE: Regist		nature røqui	red when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(2/99)
12.	PD		1.1 T		1		4 (5/
NAME STREET ADDRESS	GARVEY, JAMES D 3131 NORTH I-10 SERVICE ROAD			1.2 NAME 1.3 STREET ADDRESS			R2E034
CITY-ST-ZIP	METAIRIE LA 70002			ITY-ST-ZIP			CR2
TITLE	CSD GARVEY, LAWRENCE D	DELETE	2.1 T 2.2 N			Change Addition	
STREET ADDRESS	ss 3131 NORTH I-10 SERVICE ROAD			2.3 STREET ADDRESS		,	ſ
CITY-ST-ZIP	TASV			2.4 CITY-ST-ZIP 3.1 TITLE -		Change Addition	{
NAME	DYER, EMERY E JR		3.2 N				
STREET ADDRESS				3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE	VD		4.1 T			Change Addition	1
NAME STREET ADDRESS	FREEMAN, W. HARRELL 3131 NORTH I-10 SERVICE ROA	AD	4.2 N 4.3 S	AME TREET ADDRES	ss		
CITY-ST-ZIP	METAIRIE LA 70002			ITY-ST-ZIP			
TITLE	V Toledano, charles p		5.1 T 5.2 N			L_j Change L_ Addition]
STREET ADDRESS	3131 NORTH I-10 SERVICE ROM	AD	• •	TREET ADDRES	ss		{
CITY-ST-ZIP TITLE	METAIRIE LA 70002 As		5.4 C 6.1 T	ITY-ST-ZIP		Change Addition	
	JEANSONNE, MARK J		6.2 N				
STREET ADDRESS CITY-ST-ZIP	3131 NORTH I-10 SERVICE ROM			TREET ADDRES	33		
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.							
1 - 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 -							
SIGNATURE:							
