

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003345 (5)**

1. Corporation Name
PROJECT ONE INC.



Principal Place of Business: **11725 SW 123RD AVE. MIAMI FL 33186**
Mailing Address: **11725 SW 123RD AVE. MIAMI FL 33186**

3. Date Incorporated or Qualified: **06/24/1994**
3a. Date of Last Report: **11/06/1995**
4. FEI Number: **38-3143213**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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: **9034 SW 149 PL**
2a. Mailing Address: **9034 SW 149 PL**
22. City & State: **MIAMI, FL**
23. City & State: **MIAMI, FL**
24. Zip: **33196** Country: **DADE**
25. Zip: **33196** Country: **DADE**

9. Name and Address of Current Registered Agent
**GATES, CHARLES
11725 SW 123RD STREET
MIAMI FL 33186**

10. Name and Address of New Registered Agent
81. Name: **GATES CHARLES**
82. Street Address (P.O. Box Number is Not Acceptable):
83. **9034 SW 149 PL**
84. City: **MIAMI** FL 85. Zip Code: **33196**

11. Pursuant to the provisions of Sections 607.07(2) 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 607.0805, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-14-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GATES, CHARLES	2. NAME
STREET ADDRESS	11725 SW 123RD STREET	3. STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33186	4. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GATES, CARY	2.2 NAME
STREET ADDRESS	11725 SW 123RD STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GATES, BRANDON	3.2 NAME
STREET ADDRESS	11725 SW 123RD STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GATES, STACY	4.2 NAME
STREET ADDRESS	11725 SW 123RD STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33186	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 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 supplement to an 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 registered or trusted employee authorized 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: *[Signature]* DATE: **4-14-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)