

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 # **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**



2. Principal Place of Business

2a. Mailing Address

21 **9034 SW 149 PL**

26 **9034 SW 149 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 **33196**

25 **DADE**

29 **33196**

30 **DADE**

9. Name and Address of Current Registered Agent

**GATES, CHARLES
11725 SW 123RD STREET
MIAMI FL 33186**

3. Date Incorporated or Qualified

06/24/1994

3a. Date of Last Report

11/06/1995

4. FEI Number

38-3143213

Applied For

Not Applicable

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

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 607.0812 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 of a person not registered in the State of Florida

Signature of the Agent (if the agent is not a resident of the State of Florida)

DATE

4-14-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P
GATES, CHARLES**
STREET ADDRESS **11725 SW 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **V
GATES, CARY**
STREET ADDRESS **11725 SW 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **S
GATES, BRANDON**
STREET ADDRESS **11725 SW 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME **T
GATES, STACY**
STREET ADDRESS **11725 SW 123RD STREET**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-14-96

305-397-1000

CR2E034 (12/95)