

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 # **F99787** (6)

1. Corporation Name

**ONE MORE TIME, INC. OF MIAMI**

Principal Place of Business

**5763 S.W. 65 AVE.  
SOUTH MIAMI FL 33143**

Mailing Address

**5763 S.W. 65 AVE.  
SOUTH MIAMI FL 33143**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**POSTLETHWAITE, MAXIM  
5763 S.W. 65TH AVE.  
MIAMI FL 33143**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**09/20/1982**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2222257**

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

10. Name and Address of New Registered Agent

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 the corporation

(NOTE: Registered Agent signature is presentation requirement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>POSTLETHWAITE, TRACEY</b>	
STREET ADDRESS	<b>42 ELM DRIVE</b>	
CITY-STATE-ZIP	<b>MIAMI SPRINGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>POSTLETHWAITE, NINA</b>	
STREET ADDRESS	<b>5763 SW 65TH AVE</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>POSTLETHWAITE, MAXIM</b>	
STREET ADDRESS	<b>42 ELM DRIVE</b>	
CITY-STATE-ZIP	<b>MIAMI SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POSTLETHWAITE, SARA</b>	
STREET ADDRESS	<b>7634 SW 59 CT.</b>	
CITY-STATE-ZIP	<b>S. MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAIVE, HAROLD W.</b>	
STREET ADDRESS	<b>5763 SW 65 AVE</b>	
CITY-STATE-ZIP	<b>S. MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4330 S.W. 43 Blvd.</b>
1.4 CITY-STATE-ZIP	<b>Gainesville, FL 32608</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>4330 SW 43 Blvd.</b>
3.4 CITY-STATE-ZIP	<b>Gainesville FL 32608</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

*Tracey Postlethwaite*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tracey Postlethwaite* 3-19-96 (355)276-9483

CR2E034 (12/95)