

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F99787 (6)
1. Corporation Name
ONE MORE TIME, INC. OF MIAMI



Principal Place of Business Mailing Address
5763 S.W. 65 AVE. 5763 S.W. 65 AVE.
SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/20/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2222257	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Postlethwaite, Maxim
82 Street Address (P.O. Box Number is Not Acceptable) 4330 S.W. 63 Blvd.
83
84 City Gainesville FL 85 Zip Code 32609

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

TITLE	TO	<input type="checkbox"/> DELETE
NAME	POSTLETHWAITE, TRACEY	
STREET ADDRESS	4330 SW 63RD BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POSTLETHWAITE, NINA	
STREET ADDRESS	5763 SW 65TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POSTLETHWAITE, MAXIM	
STREET ADDRESS	4330 SW 63RD BLVD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSTLETHWAITE, SARA	
STREET ADDRESS	7634 SW 59 CT.	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAIVE, HAROLD W.	
STREET ADDRESS	5763 SW 65 AVE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Postlethwaite, Tracey	
1.3 STREET ADDRESS	4330 S.W. 63 Blvd.	
1.4 CITY-ST-ZIP	Gainesville FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Postlethwaite, Nina	
2.3 STREET ADDRESS	5763 SW 65 Ave	
2.4 CITY-ST-ZIP	Miami FL	
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 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.

SIGNATURE

[Signature]

02-17-98 (352)
201-1-1111

CR2E034 (10/97)