

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90041 022 ***150.00

DOCUMENT # F99787

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1982

4. FEI Number

59-2222257

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4330 S.W. 63 Blvd

26 4330 S.W. 63 Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Gainesville FL

28 City & State

Gainesville FL

24 Zip Country

32608 USA

29 Zip Country

32608

9. Name and Address of Current Registered Agent

POSTLETHWAITE, MAXIM
4330 SW 63RD BLVD
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 TSD
NAME POSTLETHWAITE, TRACEY
STREET ADDRESS 4330 SW 63RD BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME POSTLETHWAITE, NINA
STREET ADDRESS 5763 SW 65TH AVE
CITY-ST-ZIP MIAMI, FL 00000

TITLE PD
NAME POSTLETHWAITE, MAXIM
STREET ADDRESS 4330 SW 63RD BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME POSTLETHWAITE, SARA
STREET ADDRESS 7634 SW 59 CT.
CITY-ST-ZIP S. MIAMI FL

TITLE D
NAME SAIVE, HAROLD W.
STREET ADDRESS 5763 SW 65 AVE
CITY-ST-ZIP S. MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D Postlethwaite Nina
2.3 STREET ADDRESS 4330 S.W. 63 Blvd.
2.4 CITY-ST-ZIP Gainesville FL 32608

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D Saive, Harold W.
5.3 STREET ADDRESS 4330 S.W. 63 Blvd.
5.4 CITY-ST-ZIP Gainesville FL 32608

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Postlethwaite 2/5/98 (352)376-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)