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

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DOCUN 1. Corporation	MENT # G55	361 ((1)					
	ONE INDUSTRIES, INC.		•			1 18.8/1// 818/ 8/18/ 8/18/ 8/18/ 1/// 8	iei ne: alen didu didu	
Principal Place	of Business	Mailing Address						
4825 PEMBROKE ROAD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021								
						3. Date Incorporated or Qualified 08/23/1983	3a. Date of Last 03/07	•
2. Principal Pla	ice of Business	2a. Mailing Address	S			4. FEI Number	, <u> </u>	Applied For
1 Puito Ant #	Lata	26	 			59-2337160		Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$ 5	.00 May Be
Zip 4	Country 25	Zip	30	ntry		8. This corporation has liability for i		
	9. Name and Address of Cur					10. Name and Address of New R	_=.: :	
				81	Name			
	MERKEL, JAMES			82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
	EMBROKE ROAD			83				
HULLY	WOOD FL 33021			03				
				64	City		FL 85	Zip Code
familiar with	n, and accept the obligations of, S	Section 607.0505, Florida Sta	Statutes, the abor thorized by the c atutes.	ve-n orpo	amed corpora pration's board	ation submits this statement for the pury d of directors. I hereby accept the appo	pose of changing it intment as register	s registered office ed agent. I am
	Signature, typed or printed name of registered a		(NOTE: Registered	Ageni	signature required		CMTE	
12.	P	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		
NAME	BRODMERKEL, JAMES		1. 1 7/ 1.2 NA			•	☐ Chang	e 🔲 Addition
STREET ADDRESS	1710 N.W. 88TH WAY				ADDRESS			
CITY-SI-ZIP	PEMBROKE PINES FL		1.4 01					
TITLE	VP .	DELETE					Chang	e 🔲 Addition
NAME	Brodmerkel, Bernad	ETTE	22 NA	ME				
STREET ADDRESS	1710 NW 88TH WAY		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL	F3 prieve	2 4 CIT		- ZIP			
TITLE NAME		DELETE					☐ Chang	e 🔲 Addition
STREET ADDRESS			32 NA		ADDRESS			
CITY-ST-ZIP			3 4 CIT					
TITLE		☐ DELETE					Chang	e 🗍 Addition
NAME			4.2 NA	ME				_
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CHTY-ST-ZIP			4.4 CiT	Y-\$1	- ZIP			
MILE		☐ DELETE					Chang	e 🔲 Addition
NAME			5.2 NA					
STREET ADDRESS DITY-ST-ZIP					ADDRESS			
TITLE		DELETE	5.4 CIT 6. 1 TiT	_	- 2112		☐ Chang	e
NAME			6.2 NAI		1		C) Olang	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST	- 7IP			
14. I do hereby certify that t	certify that the information supplied the information indicated on this a	ed with this filing is voluntaril innual report or supplementa	y furnished and o I annual report is	does true	not qualify fo and accurate	r the exemption stated in Section 119.0 e and that my signature shall have the s	07(3)(k), Florida Sta same legal effect as	tutes. I further s if made under

SIGNATURE: BULLIUM BULLIUM BERNADETTE BRODME RISE 41890 964
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR