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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # J15150

(2)

Principal Place of Business 100 SOUTH-EAST SITE AVAILABLE	SISTRU	JNK ONE STOP, INC.					
## LAUDERDALE FL 33001 #FL LAUDERDALE FL 3	Principal Place of Business Mailing Address					1 INDIVIDURIUM NUM NIMETONA	ANII OIDII EIGII EIRII OIRII AIRII BESII 1801
Principal Place of Business 2s. Mailing Address 2s. Mailing							
2. Marchipe Proces of Business 2. Marchipe Address 5. Confidence 5. Surface Application 5. Surface Applicatio							1
Suite, Apt. #, etc.	2. Principal Pla	ace of Business	2a. Mailing Address				
Suita April 4, etc.	21	26				59-2703563	+ +
27	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
28	22 27					5. Certificate of Statos Desired	Fee Required
Zip Country Zip Size Xiporas Statutes Xiporas Xiporas Statutes Xiporas Xiporas Statutes Xiporas		, '					\$5.00 May Be
28						Trust Fund Contribution	Added to Fees
BYRD, THOMAS E. \$24 S. ANDREWS AVE. \$UITE 200N FT. LAUDERDALE FL. 33301 14 City FL. 100 FROM From Standard Service Andrews (P.O. Box Number is Not Acceptable) 15. 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 ats registered agent, or both, in the State of Florida Subtutes, the above named corporation submits this statement for the purpose of changing ats registered agent. I am or registered agent, or both, in the State of Florida Subtutes, the above named corporation submits this statement for the purpose of changing ats registered agent. I am or registered agent, or both, in the State of Florida Subtutes, the above named corporation submits this statement for the purpose of changing ats registered agent. I am or registered agent, or both, in the State of Florida Subtutes in the purpose of changing ats registered agent. I am or registered agent, or both, in the State of Florida Subtutes, the above named corporation submits this statement for the purpose of changing ats registered defined or registered agent, or both, in the State of Florida Subtutes, the above named corporation submits this statement for the purpose of changing ats registered agent. I am or registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing ats registered agent. I am or registered a				·····	,		
BYRD, THOMAS E. 524 S. ANDREWS AVE. SUITE 200N FT. LAUDERDALE FL 33301 84 City FL 85 Zep Code	[24]	·		30			
BYRD, THOMAS E. 524 S. ANDREWS AVE. SUITE 200N FT. LAUDERDALE FL 33301 84 City FL 85 Zep Code 85 Zep Code 86 City Street Address (P.O. Box Number is Not Acceptable) 86 City FL 87 Zep Code 87 Zep Code 86 City FL 86 Zep Code 87 Zep Code 88 Zep Code 88 Zep Code 88 Zep Code 89 Zep Code 80		9, Name and Address of Corre	ur negisteren Agent	81	Namo	10, Name and Address of New H	egistereo Agent
S24 S. ANDREWS AVE. SUITE 200N FT. LAUDERDALE FL 33301 84 City FL 85 Zip Code 11. Pursuant to tile provisions of Sections 607.0502 and 607.1508. Fordia Statutes, the above named corporation submits this statement for the purpose of changing its registered office familier with, and accept the obligations of. Sections 607.0502, Findia Statutes, the above named corporation submits. this statement for the purpose of changing its registered office familier with, and accept the obligations of. Section 607.0505, Findia Statutes, the above named corporation submits this statement for the purpose of changing its registered office familier with, and accept the obligations of. Section 607.0505, Findia Statutes, the above named corporation submits this statement for the purpose of changing its registered office familier with, and accept the obligations of. Section 607.0505, Findia Statutes, the above named corporation submits this statement for the purpose of changing its registered office familier with, and accept the obligations of. Section 607.0505, Findia Statutes, the above named corporation submits this statement for the purpose of changing its registered office familier with an acceptance of the obligations of sections is bear of divectors. I hereby accept the appointment as registered office familier with an acceptance of the obligation of the original statement of the purpose of changing its registered office familier with an acceptance of the original statement of the original statement of the purpose of changing its registered office familier with an acceptance of the original statement of the original				"	Name		
SUITE 20N FT. LAUDERDALE FL 33301				82	Street Add	ress (P.O. Box Number is Not Acceptab	(e)
### City				83			
FL				65	İ		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-hamed corporation's 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 Signatu	FI. LAUI	DEHDALE FL 33301		84	City		85 Zip Code
12.	or registere familiar witl SIGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authorized tion 607.0505, Florida Statutes.	by the corp	oration's boa	rd of directors. I hereby accept the appo	ointrnent as régistered agent. I am
DELETE		······································			n signativo require		
NAME ANDERSON, HUGH A. 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		PD	☐ DELETE	1. 1 TITLE			
108 SE 8TH AVE	NAME			1.2 NAME			-
T. LAUDERDALE FL	STREET ADDRESS			1.3 STREET	ADDRESS		
DELETE DELETE 2.1 TITLE Change Addition	CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - S	ST-ZIP		
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CHY-SI-ZIP	NAME	BYRD, THOMAS E.		2.2 NAME			
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STREET ADDRESS 6.3 STREET ADDRESS				1	ADDRESS		
C1Y-S1-ZIP 6.4 C1TY-S1-ZIP					- 1		

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 angual 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 concration 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.

Sistrunk One Stop, Ix.

SIGNATURE: by:

Hugh Anderson, Pres. 3/7/96 954-767-0079