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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K44556

(4)

ONE/ONE 56, INC.

**FILED** Feb 03 1997 8:00am Secretary of State



Principal Place of Business  1931 SOUTH FEDERAL HIGHWAY  FT. LAUDERDALE FL 33316		Mailing Address  1931 SOUTH FEDERAL HIGHWAY  FT. LAUDERDALE FL 33316-3548			)				
						3. Date Incorporated or Qualified 11/10/1988		e of Last F	Report
2. Principal F	Place of Business	2a. Mailing Address				4. FEt Number		A	pplied For
21		26				65-0167612		_ N	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State			····	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	ntangible t	ax under	s. 199.032,
24	25	29	30				Yes [		
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
AR'	THUR SMITH		ļ	81	Name				
915 SU	-	<b>B2</b>	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		Ma <u>ara</u>		
	LAUDERDALE FL 33304		Ī	83					
			ŀ	84	City		FL	85 Zip	Code
SIGNATURE	Signature hyprid or proceed darks of registoria			d Ager	nt signature require	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	DELETE	1,1 107					Change	Addition
NAME	SILL, MICHAEL	ALBARA V	1.2 NA						
STREET ADDRESS			1.3 STI	REFT	ADDRESS				
CHY-SY-ZIP	FT. LAUDERDALE FL 33316		1,4 CIT		T - ZIP			<u> </u>	T CATEGOR
TITLE		DELETE	2.1 TIT		1			Change	Addition
NAME			2.2 NA						
STREET ADDRESS									
CITY-ST-7/P					address				
TITLE		DUCTE	2 4 C	HY-S				Change	Baddition
		DELETE	2 4 CF 3 1 TIT	TLE		What is the state of the state	···   *********************************	Change	Addition
NAME		DELETE	2 4 CF 3 1 TIT 3 2 NA	TTY-S TLE AME	ST-ZIP	- Change - C	··· • • • • • • • • • • • • • • • • • •	Change	Addition
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NAME STREET ADDRESS CITY - ST - ZIP			2 4 CF 31 TIT 32 NA 33 STI 3.4 CF	CITY-S TLE AME TREET	ADDRESS				
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aranual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated or this airiua Lam an officer or director of the co-appears in Block 12 or Block 13 iff

**SIGNATURE:** 

NAME OF SIGNING OFFICER OR DIRECTOR