Applied For

Fee Required

**\$5.00** May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## DOCUMENT # **K44556**

1. Corporation Name

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23

24

Zip

City & State

ONE/ONE SE INC

ONL/ONL 30; INC.				
Principal Place of Business	Mailing Address 1931 SOUTH FEDERAL HIGHWAY			
1931 SOUTH FEDERAL HIGHWAY				
FT. LAUDERDALE FL 33316	FT. LAUDERDALE FL 33316			
	·			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

27

28

City & State

Zip

29 9. Name and Address of Current Registered Agent

Country

## ARTHUR SMITH 915 MIDDLE RIVER DRIVE SHITE 420

LORIDA DEPARTMENT OF STATE	Apr 13, 1999 oluu a
Katherine Harris	Secretary of State
Secretary of State	Secretary or State

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible
 Personal Property Tax.
 Yes

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

11/10/1988 4. FEI Number

65-0167612

04-13-1999 90065 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

П

		City	FL	85 Z	ip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S</li> </ol>	rized by	the corporat	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointr	anging nent as	its registered registered
IGNATURE			ed when reinstating) DATE		
	13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
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	1.2 NAME				
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ET LANDEDDALE EL 20216					
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···	62 NAME	$\overline{}$			
INCE! ADDRESS	/	TADDRESS			
TY-ST-ZIP  4. I hereby certify that the information supplied with this filling closs not qualify for the	6.4 CITY-S	,			

Country

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ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report of supplementariammular report is tro officer or director of the comporation or the receiver or truttee empo Block 12 or Block 13 inchanged, or on an attachment with an add Block 12 or Block 13 if

**SIGNATURE:** 

Date

Daytime Phone #