SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36590

(2)

ONE STOP BUSINESS CENTER, INC.

FILED	
Sep 22 1997 8:00am	Ĺ
Secretary of State	

Principal Place	e of Business	Mailing Address			
2215 \$ FEDER FT LAUDERDA		2215 S FEDERAL HWY FT LAUDERDALE FL 33	316	DO NOT WRITE	IN THE COACE
				3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report
				12/12/1989	05/23/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4, F£I Number	Applied For
21		[26]		65-0165410	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	,	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
:4[25	29	30	Personal Property Tax due June	
VEC	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	SLER, HARRIS SUTTON DRIVE				
	INTON BEACH FL 33436		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
			83		
			84 City		85 Zip Code
•			O4 Ony		FL S EN COOR
SIGNATURE .	Signature, typed or punted name of registered at OFFICERS At	pert and lifte Papplicable (No ND DIRECTORS). Fit gislated Agent signature req. 13.	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	111011		☐ Change ☐ Additio
NAME	KEESLER, HARRIS		1.2 NAME		
STREET ADDRESS	2215 S FEDERAL HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP		
TITLE		[] DELETE	2 1 TITLE 2.2 NAME		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CHY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE NAME			4.1 TITLE 4. 2 NAME		Change Asoliti
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DEL FTE	5.4 CITY- ST-7IP		Change Addition
TITLE NAME		€ DECECTE	6.1 THLE 6.2 NAME		C Onange C Abulit
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(1Y-ST-ZIP		
informatio	n indicated on this applied report or	supplemental suppart report is	true and accurate and th	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida (al offect as if made under eath: th