

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

**DOCUMENT # P93000003431 (2)**

1. Corporation Name

**PAGE ONE ASSOCIATES, INC.**

Principal Place of Business

**210 SE ATLANTIC DR  
SUITE 302  
LANTANA FL 33462  
US**

Mailing Address

**C/O ABC  
790 E BROWARD BLVD / STE - 302  
FT LAUDERDALE FL 33301  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1993**

3a. Date of Last Report

**05/19/1994**

4. FEI Number

**65-0380431**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. (For Tax-Exempt Corporations)

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 190.019,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23  
Zip

Country

28  
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MONTGOMERY, CHARLES  
210 SE ATLANTIC DR  
LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. 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 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

(Signature of Agent or Registered Agent and New Registered Agent)

(Signature of Agent or Registered Agent and New Registered Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D  
MONTGOMERY, CHARLES  
210 SE ATLANTIC DR  
LANTANA FL 33462**

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual 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 corporation 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.

**SIGNATURE: CHARLES MONTGOMERY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles Montgomery*

**7/14/95 407.585.3535**  
Date (Type Name)

CR2E034 (3/95)