

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000039051 (6)**  
 1. Corporation Name  
**WORLD ONE COMPUTERS, INC.**



Principal Place of Business <b>1636 HENDRICKS AVENUE JACKSONVILLE FL 32207 US</b>	Mailing Address <b>1636 HENDRICKS AVENUE JACKSONVILLE FL 32207 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1691 Powers Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1691 Powers Avenue</b> Suite, Apt. #, etc.
22 City & State 23 <b>Jacksonville FL</b> Zip Country 24 <b>32217</b> 25 <b>USA</b>	27 City & State 28 <b>Jacksonville FL</b> Zip Country 29 <b>32217</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>06/02/1993</b>	4. FEI Number <b>59-3187965</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**JOSIP, CERMIN**  
**1636 HENDRICKS AVENUE**  
**JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE **3-20-98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CERMIN, CHRISTINA</b>	1.2 NAME <b>Cermin, Josip</b>
STREET ADDRESS	<b>3035 TOWNSEND BOULEVARD</b>	1.3 STREET ADDRESS <b>6740 Strawberry LN</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP <b>Jacksonville FL 32211</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CERMIN, JOSIP</b>	2.2 NAME <b>Cermin, Christina</b>
STREET ADDRESS	<b>3035 TOWNSEND BOULEVARD</b>	2.3 STREET ADDRESS <b>6740 Strawberry LN</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP <b>Jacksonville FL 32211</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERMIN, CHRISTINA</b>	3.2 NAME <b>Cermin, Christina</b>
STREET ADDRESS	<b>3035 TOWNSEND BOULEVARD</b>	3.3 STREET ADDRESS <b>6740 Strawberry LN</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP <b>Jacksonville FL 32211</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERMIN, CHRISTINA</b>	4.2 NAME <b>Christina Cermin</b>
STREET ADDRESS	<b>3035 TOWNSEND BOULEVARD</b>	4.3 STREET ADDRESS <b>6740 Strawberry LN</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP <b>Jacksonville FL 32211</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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 \*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **3-20-98**

CR2E034 (10/97)