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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

p 93000066777

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Sep	11	1997	8:00am
Se	ecre	etary o	f State

1. Corporation	n Name	#	Γ	·i	3		0 1	((
Take	One, Sc	ene (One, Inc.										
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Principal Plac	e of Busines	<u> </u>	· · · · · · · · · · · · · · · · · · ·	N	lailing Address								
1 '	homas D				13.11.1g 7104 000				}				
			, FL 3240	ıg									
ranama	UTUY U	Cacii	, 12 0240	,0	•					3. Date Incorporated or Qualified	30 0	ate of Las	Poport
										Sept. 20, 1993	36. 0	1996	t neport
2. Principal F	lace of Busin	ness		2a	. Mailing Addre P. 0. Bo	ss .				4. FEI Number			Applied For
216914 T	homas D	rive		26			/3			59-3206760			Not Applicable
Suite, Apt.	#, etc.			1	Suite, Apt. #, c	etc.				5. Certificate of Status Desired	ſΧ		5 Additional
City & Stat	<u> </u>			27	Cifý & Státe					& Floring Compaign Figureins			Required
23 Panama	city B	Beach	, FL	28	Panama (City,	FL			6. Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees
Zip 24 32408	· · · · · · · · · · · · · · · · · · ·	Cou	ntry		^{Z_(p)} 32401		Cour	ntry		8. This corporation has liability fo	intangible		
24 32408		23	ay	29	32401	3	0 B	aý		<u> </u>	☐ Yes 🗴		
	***************************************	and Ad	dress of Current	t Regi	stered Agent			81 Name		10. Name and Address of New F	egistered	Agent	
Wynter							Į	Jon	n L.	. Gioiello, Esq.			
	homas [EL 004					82 Synth	Addres	ss (P.O.,Box Number is Not Accepte NKS Avenue	ible)		
Panama	City B	seach	, FL 324	108			- -	93		·····		_ 	
, '							Ļ			City		··· - T - T - T - T - T - T - T - T - T	
,								⁸⁴ Paha	ma C	City	FL	85 37	2401°
11. Pursuant	n the provis	ions of S	ections 607.0502	and 6	607.1508, Florida	Statutes	, the ab	ove-named	corpor	ration submits this statement for the	purpose o	f changing	its registered
agent. I a	registereo ag am familiar wi	ith and a	oth, in the State of	OLFIGA NOS C	of Such chang f, Section 607.0	e was au 505, Flori	da Stati	rby the corp ites:	poration	n's board of directors. I hereby acc	apt the app	oointment	as registered
SIGNATURE		_	~ <i>(X-1)</i>		人						8-1-	5-9	2
12.	Signature. lyped	or proted n	O FICEAS AND		oil agricable	INOTE	Augislered	Ageril signature	per-uper c	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	NIDECT	ODS IN 10
TITLE	Presi	deht	O 119 PAIN	ZIZITIE	N DET	EIE	11 JITI	.E	Pr	resident	OLITO AIN	Chang	
NAME	Wynte		ind.		 -		1.2 NA/	ΛE	Da	ave Stalnaker			
STREET ADDRESS			as Drive				1.3 STE	EET ADDRESS	41	15 Harrison Avenue			
CITY-ST-ZIP	Panan	na Ci	ty Beach.	<u>FL</u>	32408		1.4 CIT	Y-S1-ZIP	Pa	anama City, FL 324	01		
TITLE	Secre	tary	/Treasure	er	IX DEL	ETE	2.1 TH	.E	<u>Ş</u> e	ecretary		Chang	e 💢 Addition
NAME	501Ja	thóm	as Drive				22 NA		Įξ	ammy Stalnaker 15 Harrison Avenue			
STREET ADDRESS			ty Beach,	FI	32408			EET ADDRESS		anama City, FL 324	01		
CITY-ST-ZIP TITLE	ranun	ia VI	Cy Descrip		DELI	FTF	2.4 CD 3.1 DD	Y-ST-ZIP		ice President		X Chang	e Addition
NAME	}				1 0100		3 2 NA1		1	ynter Byrd		والعالك تيمي	- L Auguluii
STREET ADDRESS								EE1 ADDRESS	69	14 Thomas Drive			
CITY-S1-ZiP	}						1	Y-81-21P		nama City, FL 324	08		
TITLE			-1		☐ DEU	ETE	41111	.F				Chang	e Addition
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TITLE	ļ				[_] DELI	tlt	51 1(1)					☐ Chang	e The Addition
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STREET ADDRESS								EET ADDRESS]	-09/11/9701	103	026	
CITY-ST-ZIP								Y-ST-7(P		***558.75			
VII.1-01-217	I						■ - 7 0/1			a Pooling 110 07/2V/A Elevida Ctatul			

4. I do 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 in an attachment with an address.

SIGNATURE:

HONATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Ament 1917 Paying Phone

94-785-9423