

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 28 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000055326 (0)**

1. Corporation Name  
**1700 EAST OF ONE, INC.**

**100001443321  
-03/29/95--01099--018  
\*\*\*\*200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business **1700 S SURFRD HOLLYWOOD FL 33019**  
Mailing Address **1700 S SURFRD HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified **07/26/1984** 3a. Date of Last Report  
4. FEI Number **Not applicable** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 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  
**SCHWIND, GEORGE  
2455 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1700 S Surf Rd**  
83  
84 City **FL** 85 Zip Code **33019**

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 *George Schwind* **George Schwind** **8/10/95**  
Signature (typed or other number of registered agent, and date if applicable) (Date) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS  
TITLE **D/P**  
NAME **SCHWIND, GEORGE**  
STREET ADDRESS **2455 HOLLYWOOD BLVD.**  
CITY ST ZIP **HOLLYWOOD FL 33020 33019**  
TITLE **D/S**  
NAME **SCHWIND, SABINA**  
STREET ADDRESS **1700 SOUTH SURF RD.**  
CITY ST ZIP **HOLLYWOOD FL 33019**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **D/P**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **1700 S SURFRD**  
1.4 CITY ST ZIP **33019**  
2.1 TITLE **D/S**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

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)(k), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Schwind* **George Schwind** **3/10/95** **4076558994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)  
**AS Per Conversation w/ George Schwind on 3-22-95**