FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000063371 (6)

1. Corporation Name
E. W. ONE, INC.

Principal Place of Business
11575 U.S. HIGHWAY 1. #209
NORTH PALM BEACH FL 33408

Mailing Address
11575 U.S. HIGHWAY 1. #209
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0518551 ☐ 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
21 2701 Okeechobee Blvd
Suite, Apt. #, etc.
22 Suite 200
City & State
23 West Palm Beach FL
Zip
24 33409
25 Country

2a. Mailing Address
26 2701 Okeechobee Blvd
Suite, Apt. #, etc.
27 Suite 200
City & State
28 West Palm Beach, FL
Zip
29 33409
30 Country

9. Name and Address of Current Registered Agent
CRAIG, STEVEN L
11575 U.S. HIGHWAY 1, #209
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2701 Okeechobee Blvd
83 Suite 200
84 City West Palm Beach FL 85 Zip Code 33409

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CRAIG, STEVEN L	
STREET ADDRESS	11575 U.S. HIGHWAY 1, #209	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	☐ DELETE
NAME	BISHOP, M. LYNWOOD JR.	
STREET ADDRESS	6508 TRAVIS ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33466	
TITLE	D	☐ DELETE
NAME	OBERMAN, LAWRENCE	
STREET ADDRESS	899 SKOKIE BLVD, SUITE 400	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS	2701 Okeechobee Blvd Suite 200	
1.4 CITY-ST-ZIP	West Palm Beach, FL. 33409	
2.1 TITLE		☐ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] Steven L Craig Pres 2/15/96 407 681 6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)