SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT. **CORPORATION** Sandra B. Mortham, ANNUAL REPORT Secretary of State DIVISION OF CORSORATIONS 1996 DOCUMENT # P94000068756 (3) ONE OF ONE INC. Mailing Address Principal Place of Business 3731 OLD LEWIS SPEEDWAY 3731 OLD LEWIS SPEEDWAY ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095 3a. Date of Last Report 3. Date incorporated or Qualified 04/28/1995 09/15/1994 Applied For FFI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3291473 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199.032 Country Zip Yes Y No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name BLACK, SUE E Street Address (P.O. Box Number is Not Acceptable) 82 3731 OLD LEWIS SPEEDWAY ST AUGUSTINE FL 32095 83 65 Zip Code 84 City 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. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DAIE SIGNATURE (NOTE: Registered Agent signature required when reinst ding) Stynamic type for pich discressofing extend agost and their applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. PRESIDENT DELETE 11 BILE TITLE 1.2 NAME **CHARLES ROELKE** NAME 3231 060 3731 OLD LEWIS SPEEDWAY 1.3 STREET ADDRESS STREET ADDRESS 1.4 CiTY - St - ZIP ST. AUGUSTINE FL Change Addition City - ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STHEFT ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1.1(f) F TiltE 3.2 NAME NAME. 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TILLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP 400001920654^{range} Addition -08/13/96--01126--018 CITY-ST-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME ***225.00 6.3 STREET ADORESS STREET ADDRESS 64 CHY - 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 (19.07.37).

The furnished and does not qualify for the exemption stated in Section (19.07.37), further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature sharp a further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature sharp a further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature sharp a further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section (19.07.37).

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