

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000068756 (3)**

1. Corporation Name
ONE OF ONE INC.

Principal Place of Business 3731 OLD LEWIS SPEEDWAY ST AUGUSTINE FL 32095	Mailing Address 3731 OLD LEWIS SPEEDWAY ST AUGUSTINE FL 32095-8619
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2. Principal Place of Business 21 237 MORITANI Pt. Suite, Apt. #, etc. 22 E. PALATKA, FL City & State 23 E. PALATKA, FL Zip 24 32131	2a. Mailing Address 26 237 MORITANI Pt. Suite, Apt. #, etc. 27 E. PALATKA, FL City & State 28 E. PALATKA, FL Zip 29 32131
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3. Date Incorporated or Qualified 09/15/1994	3a. Date of Last Report 08/13/1996
4. FEI Number 59-3291473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BLACK, SUE E
3731 OLD LEWIS SPEEDWAY
ST AUGUSTINE FL 32095**

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 **SUE ELLEN BLACK** *Sue Ellen Black* **4/21/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE V	<input type="checkbox"/> DELETE
NAME CHARLES ROELKE	
STREET ADDRESS 3731 OLD LEWIS SPEEDWAY	
CITY-ST-ZIP ST. AUGUSTINE FL	
TITLE P	<input type="checkbox"/> DELETE
NAME BLACK, SUE E	
STREET ADDRESS 3731 OLD LEWIS SPEEDWAY	
CITY-ST-ZIP ST AUGUSTINE FL 32095	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CHARLES ROELKE	
1.3 STREET ADDRESS 237 MORITANI Pt	
1.4 CITY-ST-ZIP E. PALATKA, FL 32131	
2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SUE E. BLACK	
2.3 STREET ADDRESS 237 MORITANI Pt	
2.4 CITY-ST-ZIP E. PALATKA, FL 32131	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sue Ellen Black* **4/21/97** **904(325-3322)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)