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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002337 (0)

:	ONE, INC.				
Principal Plac		Mailing Address			100 44 10 4 10 4 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10
9735 HWY 98 E. Destin Fl 32541		9375 HWY 98 W #18			
DEGIIN FL 323	d i	DESTIN FL 32541			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				01/09/1995	05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 9375	HWY 98 WEST	26 9375 HWY	98 WEST	59-3286130	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	#6	27 #6		3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 DEST		28 DESTIN, F	`L	Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation has trability fo	
24 32541	9. Name and Address of Curre	<u> </u>	30	I	Yes X No
		nt Registered Agent	81 Name	10. Name and Address of New F	registered Agent
	YLSKY, PETER A		oi Name		
	5 HWY 98 E.			ress (P.O. Box Number is Not Accepta	able)
DESTIN FL 32541			9375	HWY 93 WEST #6	
			83		
			84 City		85 Zip Code
44 Durayant	to the provisions of Pastions 607 050	22 april 607 1500 Flaudo Statu	loo the obeyer homed cor		FL BS Zip Code
agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was patiens of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	enf and tille if applicable (NO)	16 Registered Agent signature requ	red when reinstating)	DATE
12,		ID DIRECTOR\$	13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	MOHYLSKY, PETER A		1.2 NAME		
STREET ADDRESS	112 GLENEAGLES DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		1.4 CHY-ST-ZIP		
TITLE	D	DELETE	217171.E		Change Addition
NAME	MOHYLSKY, DENISE A		2.2 NAME		
STREET ADDRESS	112 GLENEAGLES DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		2. 4 CITY - \$1 ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP			3 4. CHTY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - ST - 7IP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	}		5.3 STREFT ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 2iP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-ST-ZiP			6.4 CUTY-ST-74P		

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Scotion 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 logal 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 inchanged, or on an attachment with an address.

SIGNATURE: