

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

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000003740 (4)

1. Corporation Name

ONE LIFE MARKETING, INC.

Principal Place of Business

225 S SWOOPE AVE  
STE 111  
MAITLAND FL 32751  
US

Mailing Address

225 S SWOOPE AVE  
STE 111  
MAITLAND FL 32751-5786  
US



3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3298126

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

Suite, Apt. # etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRASS, DAVID  
119 CHANEY DR.  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81

Name

DAVID CRASS

82

Street Address (P.O. Box Number is Not Acceptable)

2213 SMOKE TREE CT.

83

84

City

LONGWOOD

FL

85

Zip Code

32779

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

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                    | <input type="checkbox"/> DELETE |
| NAME            | CRASS, DAVID         |                                 |
| STREET ADDRESS  | 119 CHANEY DR.       |                                 |
| CITY - ST - ZIP | CASSELBERRY FL 32707 |                                 |
| 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 |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                     |  |
|---------------------|---------------------|--|
| 1.1 TITLE           | DAVID CRASS         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | 2213 SMOKE TREE CT. |  |
| 1.3 STREET ADDRESS  | LONGWOOD FL 32779   |  |
| 1.4 CITY - ST - ZIP |                     |  |
| 2.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                     |  |
| 2.3 STREET ADDRESS  |                     |  |
| 2.4 CITY - ST - ZIP |                     |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088177

CR2E034 (9/96)