

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019460 (1)

1. Corporation Name:
P.I. ONE, CORP.



Principal Place of Business

2407 10TH AVE N
LAKE WORTH FL 33461

Mailing Address

2407 10TH AVE N
LAKE WORTH FL 33461

2. Principal Place of Business

2a. Mailing Address

21 2407 10th Ave North

26 Same

Suite, Apt #, etc.

Suite, Apt #, etc.

22 N/A

27 Same

City & State

City & State

23 Lake Worth, FL

28 Same

Zip

Zip

24 33461

Country

Country

25 Palm Beach

29 Same

30 Same

9. Name and Address of Current Registered Agent

RENNER, ROBERT B
2407 10TH AVE N
LAKE WORTH FL 33461

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0812 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, I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Robert B. Renner

Date: 3/11/96

3/11/96

12. OFFICERS AND DIRECTORS

[] DELETE

1. TITLE: D
NAME: RENNER, ROBERT B
STREET ADDRESS: 2407 10TH AVE N
CITY-STATE-ZIP: LAKE WORTH FL 33461

[] DELETE

2. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

[] DELETE

3. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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4. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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5. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

[] DELETE

6. TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

1. TITLE:
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:

[] Change [] Addition

2. TITLE:
2. NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:

[] Change [] Addition

3. TITLE:
3. NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:

[] Change [] Addition

4. TITLE:
4. NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:

[] Change [] Addition

5. TITLE:
5. NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:

[] Change [] Addition

6. TITLE:
6. NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-ZIP:

[] Change [] Addition

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 19.073(4), 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, or on an attachment with an address.

SIGNATURE:

Robert B. Renner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 407-966-4346

CR2E034 (12/95)