

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 # *P95000064343*
 1. Corporation Name
TRADERS ONE, INC.

Principal Place of Business	Mailing Address
2824 UNIVERSITY DR. CORAL SPRINGS, FLORIDA 33065	2824 UNIVERSITY DR. CORAL SPRINGS, FLA. 33065

2. Principal Place of Business	2a. Mailing Address
21 2824 UNIVERSITY DR.	26 2824 UNIVERSITY DR
Suite, Apt. #, etc	Suite, Apt. #, etc
22 City & State	27 City & State
23 CORAL SPRINGS, FLORIDA	28 CORAL SPRINGS, FLORIDA
Zip Country	Zip Country
24 33065 USA	29 33065 USA
25	30

3. Date Incorporated or Qualified 7/10/1995	3a. Date of Last Report 9/19/96
4. FEI Number 65-0608475	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RICHARD SEID
2824 UNIVERSITY DR.
CORAL SPRINGS, FLA. 33065

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DIRECTOR	RICHARD S. SEID	2824 UNIVERSITY DR.	CORAL SPRINGS, FLA. 33065	
DIRECTOR	XXXXXXXXXX LGG SEID	2824 UNIVERSITY DR.	CORAL SPRINGS, FLA. 33065	
DIRECTOR				<input type="checkbox"/> DELETE
DIRECTOR				<input type="checkbox"/> DELETE
DIRECTOR				<input type="checkbox"/> DELETE
DIRECTOR				<input type="checkbox"/> DELETE
DIRECTOR				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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: *Richard S. Seid* **RICHARD S. SEID** **APRIL 16, 1997 (95A) 3903707**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)