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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000075634 (2)

ANDERSON ONE INC.

Principal Flace of Business Mailing Address										
1875 CEN. FLA ORLANDO FL 3	. PARKWAY	1875 CEN. F	Mailing Address 1875 CEN. FLA. PARKWAY ORLANDO FL. 32837					****** 14 <b>*</b> *** <b>4</b> 1	44	
					} 	3. Date Incorporated 10/02/1995	or Qualified		of Last Report	
2. Principal Place of Business 2a. Mailing Address 2b. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c. 2c			Address			4. FEI Number 59-3363295	Applied For Not Applicable			
Suite, Apt	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status	Desired		\$8.75 Additional Fee Required	
City & State	e	City & S 28	City & State			6. Election Campaign Trust Fund Contribution	-		\$5.00 May Be Added to Fees	
Ζιρί <b>24</b>	Country 25	Zip 29	30	untry		8. This corporation ha Florida Statutes		ntangible ta ¥es ☐		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ANDERSON, V K				81	Name	ame				
3834 CITADEL DRIVE ORLANDO FL 32821				82	82 Street Address (P.O. Box Number is Not Acceptable)					
Oligino / E acost						· · · · · · · · · · · · · · · · · · ·		***************************************		
				84	City			FL	85 Zip Code	
office or r	to the provisions of Sections 607, registered agent, or both, in the Sam familiar with, and accept the o	tate of Florida, Such	change was authoriz	ed by	the corporation	ation submits this stater 's board of directors. I	nent for the p hereby accep	urpose of o t the appoi	changing its registered intment as registered	
SIGNATURE	Signature, typed or printed name of registere	d agent and title it applicable	(NOTE: Register	ed Aoe	ent signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANG	ES TO OFFIC		DIRECTORS IN 12	
	T						<del></del>			

TITLE DELETE 1.1 TITLE Change ANDERSON, V.K. NAME 12 NAME 3834 CITADEL DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32821 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BESUDEN, RENEE NAME 2.2 NAME 11711 BINFIELD CT. STREET ADDRESS 23 STREET ADDRESS ORLANDO FL 32837 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change  $\mathsf{mit}$ 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME STREET ADDRESS 63 STREET ADDRESS CI1Y+S1-7(P 6.4 CITY - ST-7IP

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 chapted or on an attachment with an address.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 (407)857-0594

**FILED** 

Apr 23 1997 8:00am

Secretary of State

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