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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075634 (2)

ANDERSON ONE INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				F TRANSMET AND ARTHUR BRILL BRILL BRILL BRILL ARTHUR BRILL B
1875 CEN. FLA. PARKWAY ORLANDO FL 32837		1875 CEN. FLA. PARKWAY ORLANDO FL 32837				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/02/1995
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3363295 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Country			Trust Fund Contribution
24	25	29	30	<u>├</u>		8. This corporation owes or has paid the current wear Intangible Personal Property Tax due June 30.
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
ANDERSON, V K					Name	
3834 CITADEL DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)		
	LANDO FL 32821		62 Street Ac		SHOOLA	duress (1.0. box Number is Not Acceptable)
			Í	83		
			ł	84	City	85 Zip Code
					•	
Office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Horida. Such change was	authorized	yd t	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	rest and title diagonicable (NC	11f · Registered	1 Ager	nt signature ru	equired when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TIT	1.1 TITLE		SV . O
NAME	ANDERSON, V.K.		1.2 NAME			CATHERINE HOLERSON
STREET ADDRESS			1.3 STREET ADDRESS		address	3834 CITADEL OR.
CITY-ST-ZIP	ORLANDO FL 32821			Y-ST	-ZiP	ORLAMOO, FL. 32821
TITLE	\$V	DELETE	2.1 TIT	2.1 TITLE		Change Addition
NAME	44744 BINIFIED OT		2.2 NA	ME		
STREET ADDRESS	11711 BINFIELD CT.		2.3 STREET A		ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	Delete	2.40		r-zip	
TITLE		1		LE	- 1	Change Addition
NAME PERFECT ADDRESS			3.2 NA		4000000	
STREET ADDRESS					ADDRESS .	
CITY-ST-ZIP TITLE		DELETE	3.4. CT 4.1 TIT		1-ZIP	☐ Change ☐ Addition
NAME		ELLE PROPERTY	4. 2 NA			C Ontarigo C Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT			
TITLE		DELETE	5.1 TiTl			Change Addition
NAME			5 2 NA	ME		-
STREET ADDRESS			5 3 STF	REET A	ADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CIT	Y-51	- ZIP	
TITLE	65,575		6.1 TH			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STF	REET A	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
4.4 Iherebuc	artify that the information cumplied u	with this filing dose not qualify	for the ever	mnti	on atotad	in Section 119 07(3Vi) Eterida Statutos I further partifu that the information

19. Indicate on this annual report or supplied with this little does not quality 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.

4-10-00 (102)