

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

FILED

97 AUG 13 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088474 (8)

1. Corporation Name  
ONESOFAR, INC.



Principal Place of Business  
2430 BRAZILIA DR., #26  
CLEARWATER FL 34623

Mailing Address  
2430 BRAZILIA DR., #26  
CLEARWATER FL 34623-3702

3. Date Incorporated or Qualified  
11/16/1995

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

21. *Onesofar, Inc.*

22. *27001 US 19 North Unit 201*

23. *Clearwater, FL*

24. *33761*

Country

25. *Pineellas*

2a. Mailing Address

26. *Onesofar, Inc.*

27. *2430 Brazilia Dr. #26*

28. *Clearwater, FL*

29. *33763*

Country

30. *Pineellas*

4. FEI Number  
59-3356025

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

9. Name and Address of Current Registered Agent

RICHUTE, JAMES J  
2430 BRAZILIA DR., #26  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

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 607.0502 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]*

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 ☐ DELETE

NAME  
RICHUTE, JAMES J  
STREET ADDRESS  
2430 BRAZILIA DR., #26  
CITY-ST-ZIP  
CLEARWATER FL 34623

TITLE ☐ DELETE

NAME  
RICHUTE, ROBERT J  
STREET ADDRESS  
10206 TARPLEY CT.  
CITY-ST-ZIP  
ELICOTT CITY MD 21042

TITLE ☐ DELETE

NAME  
RICHUTE, DOROTHY J  
STREET ADDRESS  
2430 BRAZILIA DR., #26  
CITY-ST-ZIP  
CLEARWATER FL 34623

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002268946-01  
-08/15/97-01115-004  
\*\*\*\*165.00 \*\*\*\*165.00

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.

CR2E034 (9/96)