

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90013 045 ***150.00

DOCUMENT # P96000002172

1. Corporation Name
ONE-07 CORPORATION, INC.

Principal Place of Business
500 AUSTRALIAN AVENUE, SOUTH
SUITE 705
WEST PALM BEACH FL 33401

Mailing Address
500 AUSTRALIAN AVENUE, SOUTH
SUITE 705
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/02/1996

4. FEI Number
65-0728535

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 500 AUSTRALIAN AV. S.

22 SUITE 650

23 WEST PALM BEACH FL

24 33401

2a. Mailing Address

26 500 AUSTRALIAN AV. S.

27 SUITE 650

28 WEST PALM BEACH FL

29 33401

30 PALM BEACH

9. Name and Address of Current Registered Agent

HARRELL, HARRY C
500 AUSTRALIAN AVENUE, SOUTH
SUITE 705
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name HARRELL, HARRY C
82 Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN AV. S. SUITE 650
83
84 City WEST PALM BEACH FL 85 Zip Code 33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HARRELL, HARRY C
STREET ADDRESS 500 AUSTRALIAN AVENUE, SOUTH, SUITE 705
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ DELETE
NAME LEWIS, HERBERT A
STREET ADDRESS 500 AUSTRALIAN AVENUE, SOUTH, SUITE 705
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, S ☐ Change ☐ Addition
1.2 NAME HARRELL, HARRY C.
1.3 STREET ADDRESS 500 AUSTRALIAN AV. S. SUITE 650
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE D, P ☐ Change ☐ Addition
2.2 NAME LEWIS, HERBERT A
2.3 STREET ADDRESS 500 AUSTRALIAN AV. S. SUITE 650
2.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: HARRY C. HARRELL *[Signature]* 3/23/99 561-655-3550
Date Daytime Phone #

0320017

CR2E034 (11/98)