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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 18 1997 8:00am Secretary of State

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POCUMENT # **P96000009235 (8)**

INCOU	One GROUP, INC.			
201 SOUTH BISCAYNE BOULEVARD 201 SOUTH BISCAYNE BOULEVARD 1500 MIAMI CENTER 1500 MIAMI CENTER		Mailing Address 201 South Biscayne B 1500 Miami Center Miami FL 33131-4332	OULEVARD	† MORTHOU ING 18410 ATHER SAME SOLIT
				3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1996
2. Principal f	Place of Business	2a, Mailing Address		4. FEI Number Applied For
21	,	26		65-0697404 Not Applicable
Suite Apt	; # etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta		City & State		S. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25 9, Name and Address of Curre	29	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
EDA	9, Name and Address of Curre	ent Registered Agent	81 Na	TU, Marie and Address of New Registered Agent
	1 SOUTH BISCAYNE BOULEVAR	rD		
	OO MIAMI CENTER		82 Str	reet Address (P.O. Box Number is Not Acceptable)
MLA	AMI FL 33131		63	
			84 Cit	ty 85 Zip Code
				med corporation submits this statement for the purpose of changing its registered
agent 1 S:GNATURE 12.	am taroit ar with, and accept the obli- strains to storpose trained representa OFFICERS AI	gations of, Section 607.0505, F generation Papplicable tNC ND DIRECTORS	lorida Statutes.	corporation's board of directors. I hereby accept the appointment as registered liature required when reinstaining) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TUTE		☐ DELETE	1.1 TITLE	Change
NAME	FRIEDBAUER, BARBARA 1620 MICANOPY AVENUE		1.2 NAME	
STREET AFORESS	COCONUT GROVE FL 33133	1	1 3 STREET ADDR	
OTN-SLZIF DOLE	D	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE	Change Addition
NAME	FRIEDBAUER, ROGER		22 NAME	
SPREET ADORESS	1620 MICANOPY AVENUE		2.3 STREET ADDR	RESS
0015-51-7F	COCONUT GROVE FL 33133		2. 4 CITY - ST - ZII	
TITLE	LAMBROU, FRED H JR	☐ DELETE	3 1 TITLE	L Change Addition
NAMI:	1007 ADROD LANE		3.2 NAME 3.3 STREET ADDR	occc
STREET ADOREST CITY ST. ZIC	JACKSONVILLE FL 32207		3.4. CITY-ST-ZII	
Table	D	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMBROU, ELISE		4, 2 NAME	
519ELLADONES	1027 ARBOR LANE		4.3 STREET ADDR	RESS
CITY: ST 769	JACKSONVILLE FL 32207	DISTER	4.4 CITY - ST - ZIF	Change Addition
lil f	FRIEDBAUER, JOHN F	DELETE	5.1 TITLE	Change Adolnor
NAME STREET ADDRESS	444 LEVINOTON CTOCKT		5.2 NAME 5.3 STREET ADDR	
City-SLZIF	BELMONT MA 02178		5.4 CITY-\$1-7IF	
Tift.		DELETE	61 TITLE	☐ Change ☐ Addition
M2M-			6.2 NAME	
	1		CO CYDEET AND	1

14. Los 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 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 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 pirector of the corporation of 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.

6.4 CITY - ST - ZIP

SIGNATURE:

305-379-9104 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR