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 # P96000044654 (7)

A-ONE SERVICES CORP.

				_		
Principal Place of Business Mailing Address						i implicate, jid tatta attit aditi aditi aditi attil attil attil attil attil attil
2901 N DALE MABRY HWY #805 2901 N DALE MABRY HWY			#805			
TAMPA FL 33607		TAMPA FL 33607				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/20/1996
Principal Place of Business 2a. Mailing Address			V. BIVD		1/12	4. FEI Number Applied For
21		26 424 GAMO	<u>ly</u>	17 I		59-3368624 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28 7 ampa	Fo	_		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cot	Jintry		8. This corporation owes or has paid the current year Intangible
24	25	29 カカら 11 3	0			Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent				ļ.,,		10. Name and Address of New Registered Agent
KIM, YOUNG S					Name	· ·
2901 N DALE MABRY HWY #805					Street Add	ress (P.O. Box Number is Not Acceptable)
TAMPA FL 33607						
				83		
†				84	City	85 Zip Code
					•	FL ` '
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 little if applicable. (NOTE: Registered Agent signature					nt signature requi	ired when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.			
TITLE) P	DELETE	1.1 TITLE			Change Addition
NAME	1001103 111111 01		1.2 N	AME		
STREET ADDRESS			1.3 \$	1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 C	TY-S	r-zip	
TITLE		DELETE	2.1 🛚	TLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 5	TREET	ADDRESS	
CITY - ST - ZIP				ITY-S	T- ZIP	
TITLE		DELETE	3.1 TI	TLE		Change Addition
NAME	HAME YOUNG KING STREET ADDRESS 4AH GANDY BIVIS B 7-L 76 SITY-ST-ZIP TREET ADDRESS 4AH GANDY BIVIS B 7-L 76 TOTE TOTE		3.2 N	AME		
STREET ADDRESS 4AH GAMAY BIVIT B7-L76			3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	Tampa por 330	511	3,4, 0	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TI	TLE		Change Addition
NAME			4. 2 N	IAME		
OTDEET ADDDESS	}		4281	TOFFT	ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fiorida 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.

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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DELETE

DELETE

FILED

Jan 27 1998 8:00am

Secretary of State

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Change

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