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

**PROFIT CORPORATION** ANNUAL REPORT

1997

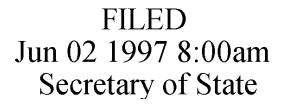


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham \*

Secretary of State DIVISION OF CORPORATIONS

P96000073250 (8) DOCUMENT #

INDIGO ONE, INC.





Principal Place of Business		Mailing Address			E SERISBAS SIN INITA RETIL ROSIN BRILL BOTT DOLL DONG DISTA CIORS RIVEL BRILL BRILL			
045 SOUTHWEST 6TH STREET		945 SOUTHWEST 8TH STREET						
FORT LAUDER	DALE FL 33315	FORT LAUDERDALE FL 3	3315-1156					
					3. Date Incorporated or Qualified 09/04/1996	3a. Date o	_	eport
	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number		<del>-</del>	plied For
21		26			65-0693813 Not Applicat			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ <b>\$</b>	-	Additional
22		27					Fee Re	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr		<del></del>			
24	25	29	30	,	This corporation has liability for Florida Statutes	intangible tax i		. 199.032,
	9. Name and Address of Current		1-01		10. Name and Address of New R			
COF	RPORATION SERVICE COMPANY		B1	Name ‡	indigo One El	1010	150	- Smith
	1 HAYS STREET		82		ress (P.O. Box Number is Not Accepta	tole)	2/1/1	-Smith
	LAHASSEE FL 32301				15 SW 8M ST	cet		W>
			83					
			84	City CL	1	85	7in /	Code
				17	· Landerdale	FLÌ	33	3315
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above	ve-named corpora	poration submits this statement for the	purpose of cha	nging it	s registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	Iorida Statute	s.	tion's board of directors. I hereby acce	prino appoini	nontas	registoreu
SIGNATURE	SN GON S	my			5	5/1/97		
12.	Signature, typed or printed name of registered agent		1E: Registered Ap	ent signature requi	red whon reinstating) ADDITIONS/CHANGES TO OFFI	PERC AND DIE	ECTOD	S IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	LAUTIN, ELYN		1.2 NAME		lyn Lautin-Smi		- milgo	
STREET ADDRESS	945 SOUTHWEST 8TH STREET			T ADDRESS	(1) (00)	171		
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		1.4 CiTY-					
TITLE	D	DELETE	2.1 TITLE	S. En			Change	Addition
NAME	SMITH, MICHAEL R	_	2.2 NAME	ĺ			•	_
STREET ADDRESS	945 SOUTHWEST 8TH STREET		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	4	2. 4 CITY					
TITLE		DELETE	3.1 TITLE		· · ·		Change	Addition
Name			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-\$T-ZIP			3.4. CITY	ST-ZIP				
TITLE		DELETE	4.1 TITLE			IJ	Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	-	[ ] aggers	4.4 CITY-	ST-ZIP			06.	4.189
TITLE	ş.n.	DELETE	5.1 TITLE			Ш	Change	☐ Addition
NAME -			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		The state	5.4 CITY -	ST - ZIP			A	1714
TITLE		DELETE	6.1 TITLE			Ц	Change	Addition
NAME			6.2 NAME		f.			15
STREET ADDRESS				T ADDRESS	\$165 Bank		7	12197
CITY_CT_ZIP			E A CITY	91-70	TIMU COTOIC		- 6	14177

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.

(954) 7678874