

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073250 (8)

1. Corporation Name
INDIGO ONE, INC.



Principal Place of Business
945 SOUTHWEST 8TH STREET
FORT LAUDERDALE FL 33315

Mailing Address
945 SOUTHWEST 8TH STREET
FORT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 921 SW 4 Ave
Suite, Apt. #, etc.
22
City & State
23 Ft Laud., FL
Zip
24 33315 Country
25 USA
2a. Mailing Address
26 921 SW 4 Ave
Suite, Apt. #, etc.
27
City & State
28 Ft Laud., FL
Zip
29 33315 Country
30 USA

3. Date Incorporated or Qualified
09/04/1996
4. FEI Number
65-0693813
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LAUTIN-SMITH, ELYN
945 SOUTHWEST 8TH STREET
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent
81 Name Elyn Lautin-Smith
82 Street Address (P.O. Box Number is Not Acceptable)
921 SW 4 Avenue
83
84 City Ft Lauderdale FL 85 Zip Code 33315

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUTIN-SMITH, ELYN	1.2 NAME	
STREET ADDRESS	945 SOUTHWEST 8TH STREET	1.3 STREET ADDRESS	921 SW 4 Ave
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33315
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICHAEL R	2.2 NAME	
STREET ADDRESS	945 SOUTHWEST 8TH STREET	2.3 STREET ADDRESS	921 SW 4 Ave
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	2.4 CITY-ST-ZIP	Ft Lauderdale FL 33315
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Elyn Lautin-Smith

4/22/98 921 SW 4 Ave

CR2E034 (10/97)