

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

DOCUMENT # P96000073250

1. Corporation Name
INDIGO ONE, INC.

Principal Place of Business
**921 SW 4TH AVE
FORT LAUDERDALE FL 33315
US**

Mailing Address
**921 SW 4TH AVE
FORT LAUDERDALE FL 33315
US**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90174 004 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1737 NE 15 St.**
Suite, Apt. #, etc.
22
City & State
23 **Ft Laud., FL**
Zip Country
24 **33304** 25 **USA**
2a. Mailing Address
26 **1737 NE 15 St**
Suite, Apt. #, etc.
27
City & State
28 **Ft Lauderdale FL**
Zip Country
29 **33304** 30 **USA**

3. Date Incorporated or Qualified
09/04/1996
4. FEI Number
65-0693813
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

9. Name and Address of Current Registered Agent

**LAUTIN-SMITH, ELYN
921 SW 4TH AVE
FORT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name **no change**
82 Street Address (P.O. Box Number is Not Acceptable)
1737 NE 15 Street
83
84 City **Ft Lauderdale FL** 85 Zip Code **33304**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUTIN-SMITH, ELYN	
STREET ADDRESS	921 SW 4TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MICHAEL R	
STREET ADDRESS	921 SW 4TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1737 NE 15 Street
1.4 CITY-ST-ZIP	Ft Lauderdale FL 33304
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1737 NE 15 Street
2.4 CITY-ST-ZIP	Ft Lauderdale FL 33304
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)