


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

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Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000075346
 1. Corporation Name
One To One Communications Group, INC

Principal Place of Business 1225 N.E. 17th Avenue FT. Lauderdale, FL. 33304	Mailing Address 1225 N.E. 17th Avenue FT. Lauderdale, FL. 33304
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2. Principal Place of Business 21 506 N.E. 43rd Street Suite, Apt. #, etc.	2a. Mailing Address 26 506 N.E. 43rd Street Suite, Apt. #, etc.
City & State 23 Oakland PK, FL.	City & State 28 Oakland, FL.
Zip 24 33334	Country 25 33334 29 33334 30 USA

3. Date Incorporated or Qualified 9/11/96	3a. Date of Last Report
4. FEI Number 65-0693852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Tim Harris
1225 N.E. 17th Avenue
FT. Lauderdale, FL. 33304

10. Name and Address of New Registered Agent
 B1 Name **DR. DWIGHT E. KNOX**
 B2 Street Address (P.O. Box Number is Not Acceptable)
506 N.E. 43rd Street
 B3
 B4 City **Oakland PK** FL B5 Zip Code **33334**

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 **Dwight E. Knox** DATE **9 June 97**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE Director <input checked="" type="checkbox"/> DELETE	NAME Tim Harris
STREET ADDRESS 1225 N.E. 17th Avenue	CITY-ST-ZIP FT. Lauderdale, FL. 33304
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
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12 NAME Dr. Dwight E. Knox
13 STREET ADDRESS 506 N.E. 43rd Street	14 CITY-ST-ZIP Ft. Lauderdale, FL. 33334
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME 300002214093
53 STREET ADDRESS	54 CITY-ST-ZIP -06/17/97--01008--030 ***165.00
61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY-ST-ZIP

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.

SIGNATURE: **Dwight E. Knox** DATE **May 7, 1997** 888-564-7878
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)