## 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 # P96000075429

1. Corporation Name

ONE STA	AFF, ING.									
Delegie al Diago	of Dunings	Mailing Address								
Principal Place		2693 ULMERTON ROAD								
2693 ULMERTON CLEARWATER F		CLEARWATER FL 33762								•
US US					DO NOT WRITE IN THIS SPACE					
					3.	Date Incorporat 09/06/1996	ed or Qualifed	i		
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			Ap	olied For
21		26				59-3405686			No	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				Cartifonto of Str	atus Dosirod	Tt/	\$8.75 △	dditional
22		27				Certificate of Sta	atus Desired		Fee Re	quired
City & State	8	City & State			6.	Election Campa	ign Financing	' п	\$5.00	May Be
23		28				Trust Fund Con	tribution	u	Added t	o Fees
Zip	Country	Zip	Cour	itry	8	. This corporation	n owes the cu	rrent year In	tangible	
24	25	29	30			Personal Prope			☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10	. Name and Add	iress of New	Registered	Agent	
				81 Name						
	SH, PETER M		-	82 Street	Address (	P.O. Box Number	is Not Accep	table)		
	NGE PARK CENTER 1ST AVENUE NO.,#304		-					·		
	PETERSBURG FL 33701			83				•		
31. 1	ETERODORO I E 30701		ŀ	84 City			-	FL	85 Zip (	ode
	· · · · · · · · · · · · · · · · · · ·					In relate Africa at	tomont for th			rogistered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	autnonzea	by the corpo	oration's b	oard of directors.	I hereby acce	ept the appo	intment as re	gistered
SIGNATURE								DATE		
	Signature, typed or printed name of registered age			Agent signature r	required when		ANGES TO O	DATE PEICERS AL	ND DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CH/	ANGES TO O	<u> </u>	ND DIRECTO	R\$ IN 12
12.	OFFICERS AN		13.	.E	Direc	ADDITIONS/CH	ANGES TO O	<u> </u>		
12. TITLE NAME	OFFICERS AN CD VAN SON, PETER	ID DIRECTORS	13. 1.1 TITI 1.2 NAM	LE ME	Direc	ADDITIONS/CH/		FFICERS A		
12. TITLE NAME STREET ADDRESS	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E.	ID DIRECTORS	13. 1.1 TITI 1.2 NAM 1.3 STF	LE ME REET ADDRESS	Direct Dear 310	ADDITIONS/CHA FOR Tyler Coffee Pot	L Rivier	FFICERS AI		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E. ST. PETERSBURG FL 33703	D DIRECTORS	13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP	Direct Dear 310 ( St. Pe	ADDITIONS/CH/ For Tyler Coffee Pot fersburg	L Rivier	FFICERS AI	☐ Change	<b>[</b> ▲Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E. ST. PETERSBURG FL 33703 PCD	ID DIRECTORS	13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI	LE ME REET ADDRESS Y-ST-ZIP LE	Direct Dear 310 St. Pe	ADDITIONS/CHA FOT I Tyler Coffee Pol Tersburg For	L Rivier	FFICERS AI		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E. ST. PETERSBURG FL 33703 PCD DYNDUL, ANDREW H	D DIRECTORS  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	LE AE REET ADDRESS Y-ST-ZIP LE	Direct Dear 310 ( St. Pe Direct Kevir	ADDITIONS/CHI FOT I Tyler Coffee Pot Fersburg For I Hirsch	L Rivier FL 3:	FFICERS AI	☐ Change	<b>[</b> ▲Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E. ST. PETERSBURG FL 33703 PCD DYNDUL, ANDREW H 1863 TANGLEWOOD DRIVE, NI ST. PETERSBURG FL 33702	D DIRECTORS  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT	LE AE REET ADDRESS Y-ST-ZIP LE AE REET ADDRESS RY-ST-ZIP	Direct Dear 310 St. Pe Direct Kevin	ADDITIONS/CHI FOT TYLEY COHEE POH FERSBURG FOT THISCH MONFEREY	L Rivier FL 3:	FFICERS AI A, NE 3704	☐ Change	Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E. ST. PETERSBURG FL 33703 PCD DYNDUL, ANDREW H 1863 TANGLEWOOD DRIVE, NI ST. PETERSBURG FL 33702 VP	D DIRECTORS  DELETE	13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAN 2.3 STF 2.4 CIT 3.1 TITI	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE	Direct Dear 310 St. Pe Direct Kevin	ADDITIONS/CHI FOT TYLEY COHEE POH FERSBURG FOT THIRSCH MONTEREY	Rivier FL 3:	FFICERS AI A, NE 3704	☐ Change	<b>[</b> ▲Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	OFFICERS AN CD VAN SON, PETER 4661 LAUREL OAK LANE, N.E. ST. PETERSBURG FL 33703 PCD DYNDUL, ANDREW H 1863 TANGLEWOOD DRIVE, NI ST. PETERSBURG FL 33702 VP BASS, ROBERT W 540 CARILLON PKWY, #2096	D DIRECTORS  DELETE  DELETE	13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAN 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAN 3.3 STF	LE ME	Direct Dear 310 St. Pe Direct Kevir 790 St. Pe	ADDITIONS/CHI FOT TYLEY COHEE POH FERSBURG FOT THIRSCH MONTEREY	Rivier FL 3:	FFICERS AI A, NE 3704	☐ Change	Addition
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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 supplied ental 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MILLS, WILLIAM H III

886 RAFAEL BLVD., N.E.

ST. PETERSBURG FL 33704

DESCRIPTION OF THE PROPERTY OF

727 57*a 733*/

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90046 044 \*\*\*158.75