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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078595 (1)

MAINE ONE, INC.

Principal Place of Business

Mailing Address

## FILED Feb 04 1998 8:00am Secretary of State



2811 SOUTHWEST 87 TERRACE. SUITE 1210 FT. LAUDERDALE FL 33328		2811 SOUTHWEST 87 TERRACE. SUITE 1210 FT. LAUDERDALE FL 33328		DO NOT WRITE IN THIS	SPACE		
					3. Date incorporated or Qualified 09/20/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ar	oplied For
21		26			65-0697133	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	)	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu	irrent year Inl	tangible
24	25	29	30				No
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
AMERILAWYER CHARTERED				Name			
343 ALMERIA AVENUE			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			"	011000710	raices (F.O. Box Hamber to Her Mesoplatic)		
			83	1			
				1			
			84	City	FL	<b>85</b> Zip I	Code
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 re 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 regingent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							s registered registered
SIGNATURE	-						
	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E: Registered Ag	ent signature rec	quired when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD	☐ DELETE	1.1 TITL€			☐ Change	☐ Addition
NAME	MAINE, CHARLES E		1.2 NAME				
STREET ADDRESS 2811 SOUTHWEST 87 TERRACE, SUITE 1210			1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33328			ST-ZIP			-
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS 2811 SOUTHWEST 87 TERRACE, SUITE 1210			2.3 STREET ADDRESS				
CITY-ST-ZIP FT. LAUDERDALE FL 33328			2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE	31-211		Change	Addition
	<del>-</del>		3.2 NAME				_
NAME							
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	SI-ZIP		Change	Addition
TITLE	LJ DELETE		4.1 TITLE			☐ change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	DELETE 5.1		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE			6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			. I	I ADDRESS			
1							
CITY-ST-ZIP			6.4 CITY-	31-21			

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 objuined 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.

CICNATURE

MMaine 1-28:98 (854) 4736310