

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF Sandra B. Monti Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000035581 (2)
1. Corporation Name
PAGE ONE, INC.

Principal Place of Business P.O. BOX 77-1118 CORAL SPRINGS FL 33077-1118	Mailing Address P.O. BOX 77-1118 CORAL SPRINGS FL 33077-1118
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 E. Oakland PK Blvd Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33334 Country 25 US	2a. Mailing Address 26 9764 W. Sample Rd Suite, Apt. #, etc. 27 City & State 28 Coral Springs, FL Zip 29 33065 Country 30 US
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3. Date Incorporated or Qualified 04/21/1997	Applied For Not Applicable
4. FEI Number 65-0787322	
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

WILKINSON, KEVIN D
12794 W. FOREST HILL BLVD., STE. 28-B
W. PALM BEACH FL 33414

← OLD

NEW →

1 Name RICHARD K. GALLIONE	2 Street Address (P.O. Box Number is Not Acceptable) 11030 N.W. 28th STREET	3 City CORAL SPRINGS FL	4 Zip Code 33065
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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 Richard K. Gallione RICHARD K. GALLIONE 3/23/98
Signature, typed or printed name of registered agent (if not applicable) (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT, V.P., TREASURER
1.2 NAME	Richard K Gallione
1.3 STREET ADDRESS	9764 W. Sample Rd
1.4 CITY-ST-ZIP	Coral Springs, FL 33065
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 in an addition with an address.

SIGNATURE: Richard K. Gallione RICHARD K. GALLIONE, PRES, 3/23/98 (954) 255-5710
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0168846

CR2E034 (10/97)