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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Carry Land on beats

P97000091026 (9)

FIRST ONE, INC.

FILED

98 MAY -4 AM 11: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address	
1401 SW 83 AVE 1401 SW 83 AVE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068	
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
10/21/1997	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number A	plied For
21 APPLIED TO C No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	Additional
27 Fee Re	quired
City & State City & State 6. Election Campaign Financing \$5.00	May Be
28 Trust Fund Contribution Added	o Fees
ZipCountryZφCountry8. This corporation owes or has paid the current year Int	
	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
HAWLEY, DAN 81 Name	
1401 SW 83 AVE 82 Street Address (P.O. Box Number is Not Acceptable)	
NORTH LAUDERDALE FL 33068	
83	
	
. B4 City B5 Zip	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 it	s 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 agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registered
SIGNATURE Signature: Speed or printed hards of registered agent and tide of spoil ribble (NOTE Registered Agent signature required when relistating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE D DELETE 1.1 TITLE Change	Addition
NAME HAWLEY, DAN 12 NAME 20002516372	4
STREET ADDRESS . 1401 SW 83 AVF 1.3 STREET ADDRESS -05/07/98~-01133~-	021
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 1.4 CITY-S1-ZIP ****150.00 ****1	50.00
TITLE DELETE 2.1 THE Change	Addition
NAME 2.2 NAME	
#STREET ADDRESS 2.3 STREET ADDRESS	
[A-112-112-112-112-112-112-112-112-112-11	
CITY-ST-ZIP	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	i
CITY-ST-ZIP	Addition
	, .agmon
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CHY+\$T-ZIP	Addition
	LI MOUITON
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
	7.00
TITLE DELETE 61TITLE Change	Addition
TITLE LI DELETE 61 TITLE NAME 62 NAME	Addition
	Addition

14. Thereby certify that the information supplied with this filling 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.