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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700091026

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90215 027 ***150.00

1. Corporatio	n Name							
FIRST O	NE, INC.							
	AVE, INC.]		
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Principal Plac	<u>' , • • •</u>	Mailing Address		-		- 1 10 10 10 10 10 10 10	H DONE HOUR HON 371	
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1401 SW 83 AV		1401 SW 83 AVE	EL MONCO			,		
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33						DO NOT WRITE IN	THIS SPACE	
						3 Date Incorporated or Qualifed		
						10/21/1997		ļ
a Principal P	Place of Business	2a. Mailing Address				4. FEI Number	- · 7 A	Applied For
	Tage of Business	26				APPLIED FOR	 	lot Applicable
21 Suite Ant	#, etc > = <	Suite, Apt. #, etc.						Additional
	, # , 810.					5, Certificate of Status Desired		Required
City & Stat	to.	City & State				- Floring Compiler Financian		
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Zip	Country	Zip	_	unuy		8. This corporation owes the current y	ear intangible ∐Yes	NIM6
24	25	29	30			Personal Property Tax. 10 Name and Address of New Regis		-X"
<u> </u>	g. Name and Address of C	urrent Kegisterea Agent		81 1	Name	10. Hame and Audress of New Regis	reien wäeur	
. LAW	VLEY, DAN			" '	Name			
	1 SW 83 AVE			82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
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	RTH LAUDERDALE FL 33068			83				ĺ
				84 (City		85 Zip	Code
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11. Pursuant office or r	to the provisions of Sections 60 registered agent, or both, in the	07.0502 and 607.1508, Florida St. State of Florida. Such change wa	as authorize	ed by the	amed cornol	ration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing if	ts registered registered
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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 informatic 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED LYME OF SIGNING OFFICER OF DIRECTOR

4-15-99

754-726-4132