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

FILED
99 APR 22 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091318

1. Corporation Name
ONE WEEK CORPORATION

Principal Place of Business
SUITE 300E
PARKVIEW BLDG
1876 N. UNIVERSITY DR
PLANTATION FL 33322

Mailing Address
971 E. TENNESSEE ST
TALLAHASSEE FL
32308

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number
65-0799818
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
MICHAEL J. CONIGLIO
971 EAST TENNESSEE ST
TALLAHASSEE, FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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: ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GWYN BOWEN
STREET ADDRESS #105 2880 NORTH OAKLAND FRST
CITY-ST-ZIP FT LAUDERDALE, FL 32309 [X] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S, D
1.2 NAME EARL W. BOWEN - STE 300 E
1.3 STREET ADDRESS 1876 N. UNIVERSITY DR
1.4 CITY-ST-ZIP PLANTATION, FL 33322 [ ] Change [X] Addition

2.1 TITLE
2.2 NAME MICHAEL J. CONIGLIO - ASST. SECY
2.3 STREET ADDRESS 971 EAST TENNESSEE ST
2.4 CITY-ST-ZIP TALLAHASSEE FL 32308 [ ] Change [ ] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP [ ] Change [ ] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP [ ] Change [ ] Addition

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-04/29/99--01083--003
****150.00 ****150.00

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP [ ] Change [ ] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP [ ] Change [ ] Addition

4/22/99

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. CONIGLIO, 4-22-99 850-681-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/98)