SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Narris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000095506

NO-1-U-NO, INC.

Principal Place of Business

615 A1A NORTH #102

Mailing Address

POST OFFICE BOX 757

AND Page 10F2
FILED
1999 AUG 11 PH 4: 12 SECRETARY OF STATE TALLAHASSEE. FLORIDA



| PONTE VEDRA BEACH FL 32082                  |   | PONTE VEURA FL 32004           |                                  | DO NOT WRITE IN THIS SPACE   |
|---|---|--------------------------------|----------------------------------|--|
|   |   |                                |                                  | 3. Date Incorporated or Qualified  |
|   |   |                                |                                  | 11/07/1997   |
| 2. Principal P                              | lace of Business                                    | 2a. Mailing Address            |                                  | 4. FEI Number Applied For  |
| 21  |   | 26                             |                                  | <b>59-3479995</b> Not Applicable   |
| Suite, Apt. #, etc.  22  City & State       |   | Suite, Apt. #, etc.            |                                  | 5. Certificate of Status Desired \$8.75 Additional Fee Required            |
| City & State                                | 8   | City & State                   | -                                | 6. Election Campaign Financing \$5.00 May Be                               |
| 23  |   | 28                             |                                  | Trust Fund Contribution Added to Fees                                      |
| Zip   | Country   | Zip                            | Country                          | 8. This corporation owes the current year                                  |
| 24  | 25  | 29                             | 30                               | Intangible Personal Property. Yes No                                       |
|   | 9. Name and Address of Curren                       | t Registered Agent             |                                  | 10. Name and Address of New Registered Agent                               |
| 445   | DH AMAYED   |                                | 81 Name                          | WAINE M. BANYAS  |
| AMERILAWYER                                 |   |                                | 82 Street Ad                     | ddress (P.O. Box Number is Not Acceptable)                                 |
| 343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |   |                                | 615                              | AIAN SUITE 102   |
| LUH   | AL GABLES PL 33134                                  |                                | 83                               |  |
|   |   |                                | 84 City                          | une Vodes BCh FL 85 Zip Code 32082   |
| 11. Pursuant                                | to the provisions of sections 607.0502              | and 607.1508. Florida Statutes | s. the above-named con           | poration submits this statement for the purpose of changing its registered |
| office or                                   | registered agent, or both, in the State             | of Florida. Such change was a  | uthorized by the corpora         | ation's board of directors. I hereby accept the appointment as registered  |
| 1   | am raminar with, and accept the police              | 2.2.2.2                        | rua Statutes.                    | 21-1199  |
| SIGNATURE                                   | Signature, typed or printed name of registered agen | Und title if applicable (NO    | TE: Registered Agent signature r | required when reinstating) DATE  |
| 12.   | OFFICERS AN   | D DIRECTORS                    | 13.                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                          |
| TITLE                                       | P   | DELETE                         | 1.1 TITLE                        | Change Addition  |
| NAME  | BANYAS, W M   |                                | 1.2 NAME                         | 300002962363=-1  |
| STREET ADDRESS                              | 615 A1A NORTH #102                                  |                                | 1.3 STREET ADDRESS               | -08/17/9901066009  |
| CITY-ST-ZIP                                 | PONTE VEDRA BEACH FL 320                            | 82                             | 1.4 CITY-ST-ZIP                  | ****150.00_ ****150.00   |
| TITLE                                       | SD  | DELETE                         | 2.1 TITLE                        | Change Addition  |
| NAME  | GRESENS, RICHARD                                    |                                | 2.2 NAME                         |  |
| STREET ADDRESS                              | 615 A1A NORTH #102                                  |                                | 2 3 STREET ADDRESS               |  |
| CITY-ST-ZIP                                 | PONTE VEDRA BEACH FL 320                            | 32                             | 2 4 CITY-ST-ZIP                  |  |
| TITLE                                       | TD  | DELETE                         | 31 TITLE                         | Change Additio   |
| NAME  | PEASLEE, READ                                       |                                | 3.2 NAME                         |  |
| STREET ADDRESS                              | 615 A1A NORTH #102                                  |                                | 3 3 STREET ADORESS               |  |
| CITY-ST-ZIP                                 | PONTE VEDRA BEACH FL 320                            |                                | 3.4 CITY-ST-ZIP                  |  |
| TITLE                                       | ,   | DÉLETÉ                         | 4.1 TITLE                        | Change Addition  |
| NAME  |   |                                | 4.2 NAME                         |  |
| STREET ADDRESS                              |   |                                | 4.3 STREET ADDRESS               |  |
| CITY-ST-ZIP                                 |   |                                | 4.4 CITY-ST-ZIP                  |  |
| TITLE                                       |   | DELETE                         | 5 1 TITLE                        | Change Addition  |
| NAME  |   |                                | 5.2 NAME                         |  |
| STREET ADDRESS                              |   |                                | 5 3 STREET ADDRESS               |  |
| CITY-ST-ZIP                                 |   | <u> </u>                       | 5.4 CITY-ST-ZIP                  |  |
| TITLE                                       |   | L DELETE                       | 6 1 TITLE                        | Change Addition  |
| NAME  |   |                                | 6 2 NAME                         | Ara  |
| STREET ADDRESS                              |   |                                | 6 3 STREET ADORESS               | AD.  |

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 attachmept with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

7-7-99 91:1-273-5774

f a

## National Fee For Service, Inc.

Insurance - Fee Only Advisory • Implementation

JULY 28,1999

FLORIDA DEPARTMENT OF STATE PO BOX 6327 TALLAHASSEE,FLORIDA 32314

RE: P97000095506

MR. ANDY DUNLAP,

THANK YOU FOR YOUR INFORMATION.

AS I MENTIONED, WE HAVE LOOKED OVER OUR RECEIVED MAIL LOG, AND NOWHERE CAN WE FIND THIS PARTICULAR NOTICE.

THEREFORE, WE DID NOT RECEIVE IT.

PLEASE FILE THIS ACCORDINGLY.

THANK YOU FOR YOUR HELP INTHIS MATTER.

SINCERELY,

WAINE M. BANYAS PRESIDENT

WMB:gv encl