SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1998

P97000098857 (0)

ONE LUMP OR TWO, INC.

FILED Aug 26 1998 8:00am Secretary of State



| Principal Plac | e or business | Mailing Address | | | |
|--|--|---|---|--|-------------------|
| 2242 WILTON (WILTON MANO | | 2242 WILTON DR. WILTON MANORS FL 333 | 06 | | |
| 11121011 111110 | 10 / 2 40000 | THE TOTAL MINISTER TE VOV | • | DO NOT WRITE IN THIS SPACE | |
| İ | | | | 3. Date Incorporated or Qualified | |
| | | | | 11/17/1997 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| \mathcal{L}_{21} | 254 Milha X | 26 2254 | Wilton Div | 15) 65-0802534 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | □ \$8° | 75 Additional |
| 22 | | 27 Willon | Manols | 5. Certificate of Status Desired E. Fe | e Required |
| City & Stat | 16 m. 16 5 | City & State | | | .00 May Be |
| 23 <u>L</u> Ji | 110h 1-1000 PC | [28] | | | ded to Fees |
| zip 241 333 | Country | Zip 22255 | Country | 8. This corporation owes or has paid the current year | <u> </u> |
| 24 ککک | <u> </u> | 29 (300 | 30 03/4 | Personal Property Tax due June 30. Yes | ∐ No |
| DVF | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Registered Agent | |
| | , THOMAS G | ••• | Jul Hallio | | |
| | 7 E. O AKLAND PARK BLVD., STE. LAU DE RDALE FL 33018 | 301 | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| FI. I | LAUGENDALE PL 33010 | | 83 | | |
| | | | 84 City | [85] | Zip Code |
| | | | | FL | · |
| Pursuant office or | to the provisions of sections 607.0502 registered agent, or both, in the State (| and 607.1508, Florida Statut of Florida, Such change was | es, the above-named corp authorized by the corpora | poration submits this statement for the purpose of cha nging in ation's board of directors. I hereby accept the appointment a | its registered |
| | am familiar with, and accept the obliga | | | The second of th | 10 (0g/0,0/00 |
| SIGNATURE | Signature, typed or printed name of registered agent | and title If applicable //h | IOTE: Registered Agent signature re | equired when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTORS IN 12 |
| TITLE | DPST | DELETE | | PST Chai | · |
| NAME | ENDESFELDER, KIRSTEN | (DCCC 16 | 1.2 NAME | ndesfelder, Kirsten | nge [_] Addition |
| STREET ADDRESS | 2242 WILTON DR. | | 1.3 STREET ADDRESS 1 | ACTA VILL NO. 15 | |
| | WILTON MANORS FL 33305 | | 0/3 | 254 Willon Drive Whols FL 3 | 5.5V E |
| CITY-ST-ZIP TITLE | THE TOTAL MANUAL TE 33303 | —————————————————————————————————————— | 1.4 CITY-ST-ZIP 2.1 TITLE | · File | 2202 |
| | | L DELETE | | Char | nge 🔲 Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | the second secon | |
| TITLE | | DELETE | 3.1 TITLE | L Char | nge 🔲 Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | Char | nge 🔲 Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | · | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | grange grange grange grange grange grange grange and all Chiefs | age Addition |
| NAME | | | 5.2 NAME | 800002625 0 18 -08/26/9801004 098 | , |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | - |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | ***150,00 Ø38 | |
| TITLE | | DELETE | 6 1 TITLE | Char | nge Addition |
| NAME | | | 6.2 NAME | C Oilsi | - 4/ |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | طلا بذار |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | ~ 8·* |
| 14. I hereby ce | ertify that the information supplied with t | his filing does not qualify for | the exemption stated in se | ection 119.07(3)(i), Florida Statutes. I further certify that the i | information |
| Indicated o | on this annual report or supplemental a | nnual report is true and accu | irate and that my signatur | e shall have the same legal effect as if made under oath: the | hatiam |
| | or director of the corporation or the rec 2 or Block 13 if cha nged, or on an attar | | to execute this report as re | equired by Chapter 607, Florida Statutes; and that my nam | e appears |
| | N. P. S. | 1 1 | h bil sb t s | 101 alore 21 21 | |
| SIGNAT | URE: Now What | COULT KELL | | <u>07113179 954 564</u> | 8727 |

To whom it may concern: Please note the address on the lase agrorment is incorrect. Tom Pyes, who filled my Corporation paperwork his sent in the additions accordingly. I did not receive my first notice for this report and was handed this notice on July 11, 1998 by the employees of the soid address, (DDAD Willow Drive). I'm wry for any inconvenience this has caused and change that I will not by omeliesed for this were workstanding.