

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90079 040 ***158.75

DOCUMENT # P98000006916

1. Corporation Name ONE HUNDRED PERCENT, INC.



Principal Place of Business 96 FLAGLER PLAZA DR. PALM COAST FL 32137 Mailing Address 96 FLAGLER PLAZA DR. PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1998

2. Principal Place of Business 21 185 Cypress Point PKWY 2a. Mailing Address 26 185 Cypress Point PKWY 4. FEI Number 59-3488910 Applied For Not Applicable

22 Suite 4 27 Suite 4 5. Certificate of Status Desired X \$8.75 Additional Fee Required

23 PALM Coast, FL 28 Palm Coast, FL 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32164 25 USA 29 32164 30 USA 8. This corporation owes the current year Intangible Personal Property Tax. No

9. Name and Address of Current Registered Agent VOST, MARK 96 FLAGLER PLAZA DR. PALM COAST FL 32137

10. Name and Address of New Registered Agent 81 Name Mark Vost 82 Street Address (P.O. Box Number is Not Acceptable) 185 Cypress Point PKWY 83 Suite 4 84 City Palm Coast FL 85 Zip Code 32164

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] 3/24/99 DATE

Table with 12 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with a 'DELETE' checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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: [Signature] 3/24/99 904-447-3001 DATE Daytime Phone #

CR2E034 (1/198)