

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

4. FEI Number 59-3488910 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  No

2. Principal Place of Business 21 185 Cypress Point PKWY Suite, Apt. #, etc. 22 Suite 4 City & State 23 PALM Coast, FL Zip 24 32164 Country 25 USA

2a. Mailing Address 26 185 Cypress Point PKWY Suite, Apt. #, etc. 27 Suite 4 City & State 28 Palm Coast, FL Zip 29 32164 Country 30 USA

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]* (NOTE: Registered Agent signature required when reinstating) DATE 3/24/99

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	VOST, MARK	
STREET ADDRESS	96 FLAGLER PLAZA DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Scott K. Nieminen	
1.3 STREET ADDRESS	1431 Lambert Ave	
1.4 CITY-ST-ZIP	Flagler Beach, FL 32136	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]* DATE: 3/24/99 DAYTIME PHONE #: 904-447-3001

CR2E034 (1/198)