PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000074481**

ONE STEP BEYOND, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90059 012 ***150.00



					1.05/100/ 10.15/5/ 10.11/ \$8/01 abil abil abil abil abil abil abil abil	
Principal Place of Business Mailing Address						
427 COSTANER CORAL GABLES		427 COSTANERA RD CORAL GABLES FL 33143			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
, *.+					08/26/1998	
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For	
21 36.5	T PARK ST	26			59-3532095 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired San Baselind	
22		27	·		5. Certificate di Status Desired - Fee Required -	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23 ACA	KSONVILLE M	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible	
24 322	D5 25 VSA	29 30			Personal Property Tax. Yes YNo	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
			81	Name		
	ER CORPORATE AGENTS, INC.	82 Street		Street A	Address (P.O. Box Number is Not Acceptable)	
	S BAYSHORE DR, 19TH FL	52 54667			,	
MIAN	/II FL 33133		83			
					85 Zip Code	
			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 crimted name of recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.			1.1 TITLE		☐ Change ☐ Addition	
πt£	D TERRY I	• —	1.2 NAME			
NAME	WILCOX, TERRY L	,	1.3 STREET ADDRESS			
STREET ADDRESS	427 COSTANERA RD					
CITY-ST-ZIP	CORAL GABLES FL 33143		1.4 CITY-ST-ZIP		☐ Change	
TITLE		_	2.1 TITLE			
NAME	,		2.2 NAME		JUDITH S. WILCOX	
STREET ADDRESS		*1/		FADDRESS	JUDITH S. WILCOX 427 COSTANERA RO CORAL GABLES FZ 33643	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE			3.1 TITLE		Change Addition	
NAME	•		3.2 NAME			
STREET ADDRESS		Į:	3.3 STREET ADDRE			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	ŀ	Change Addition	
NAME			4. 2 NAME	ļ		
STREET ADDRESS		Į,	4.3 STREET ADDRE			
CITY-ST-ZIP		·	4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		į,	5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
		· ·	6.2 NAME			
NAME	8. J. 3. M.	*		TADDRESS		
STREET ADDRESS	A Programme of the Control	1	CACITY C		·	

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: