FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:53

DOCUMENT # S93296 (9)

1. Corporation Name
ONE CALL SERVICES INC.

Principal Place of Business	Mailing Address
3 SOUTH PINE ISLAND RD #113 STE 113 PLANTATION FL 33324 US	3 SOUTH PINE ISLAND RD #113 STE 113 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 SAME AS ABOVE
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Same As Above
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0294370 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUCCO, ROBERT
3 SO PINE ISLAND RD
STE 113
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name: ROBERT RUCCO
02 Street Address (P.O. Box Number is Not Acceptable): 3 SOUTH PINE ISLAND RD # 113
03
04 PLANTATION FL 05 Zip Code 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE PRES	☐ Change ☐ Addition
NAME	RUCCO, ROBERT	12 NAME RUCCO ROBERT	
STREET ADDRESS	3 SO PINE ISLAND RD #113	13 STREET ADDRESS 3 SO. PINE ISLAND RD # 113	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP PLANTATION FL	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, PERRY	22 NAME	
STREET ADDRESS	6801 SW 11 ST	23 STREET ADDRESS DELETE Resigned	
CITY ST ZIP	PEMBROKE PINES FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	☒ Change ☐ Addition
NAME	RUCCO, CATHY	32 NAME	
STREET ADDRESS	3 SO. PINE ISLAND RD #113	33 STREET ADDRESS DELETE Resigned	
CITY ST ZIP	PLANTATION FL 33324	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert E. Rucco Pres - ROBERT RUCCO 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone Number: 305 473-5700

Q31044 CP