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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V54416 (5)

1. Corporation Name  
TRUSS ONE, INC.

Principal Place of Business  
1415 S FEDERAL HWY  
BOYNTON BEACH FL 33435-6003

Mailing Address  
1415 S FEDERAL HWY  
BOYNTON BEACH FL 33435-6003



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

VLASSIS, DENNIS  
1415 S. FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435-6003

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
07/31/1992

3a. Date of Last Report  
02/02/1996

4. FEI Number  
65-0347700

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

10. Name and Address of New Registered Agent

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GRAVES, HAROLD E JR  
STREET ADDRESS 191 E MILLER AVE  
CITY-ST-ZIP AKRON OH

TITLE D  
NAME CAMPBELL, FRANCIS P JR  
STREET ADDRESS 191 E MILLER AVE  
CITY-ST-ZIP AKRON OH

TITLE D  
NAME GRAVES, S KEITH  
STREET ADDRESS 191 E MILLER AVE  
CITY-ST-ZIP AKRON OH

TITLE D  
NAME O'NEILL, PATRICK  
STREET ADDRESS 191 E MILLER AVE  
CITY-ST-ZIP AKRON OH

TITLE D  
NAME VLASSIS, DENNIS  
STREET ADDRESS 1415 S FEDERAL HWY  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Dennis Vlassis, Director Dennis Vlassis

561 732-9763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

1-16-97

CR2E034 (9/96)