

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000062019 (1)

1. Corporation Name

FOUR WOOD CONSULTING GROUP INC.



Principal Place of Business: 5022 NORTHWEST 82ND TERRACE CORAL GABLES FL 33067
Mailing Address: 5022 NORTHWEST 82ND TERRACE CORAL GABLES FL 33067

3. Date Incorporated or Qualified: 08/10/1995
3a. Date of Last Report: 12-31-95

2. Principal Place of Business: 10258 W. SAMPLE RD
2a. Mailing Address: 5022 NW 82 TER

4. FEI Number: 62-1613308
Applied For: Not Applicable

22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: CORAL SPRINGS
28. City & State: CORAL SPRINGS

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 33065
25. Country: FLORIDA
29. Zip: 33067
30. Country: FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81. Name: DANIEL B. CAPOBIANCO
82. Street Address (P.O. Box Number is Not Acceptable): 867 NW 81 TERR
83. City: PLANTATION, FL 33324
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: *Thomas J. Ryan*

4-5-96

Signature, typed or printed name, (e.g. Shareholder and the date made (NOTE: Registered Agent signature expires when term ends)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, SHERRY M	1.2 NAME	
STREET ADDRESS	5022 NORTHWEST 82ND TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, THOMAS J	2.2 NAME	
STREET ADDRESS	5022 NORTHWEST 82ND TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Ryan* Thomas J. RYAN 4-5-96 954-752-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)