

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 # **S11983 (1)**

1. Corporation Name
OB FOUR, INC.



Principal Place of Business: **2556 UNIVERSITY DR. CORAL SPRINGS FL 33065**
Mailing Address: **2556 UNIVERSITY DR. CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **11/09/1990**
3a. Date of Last Report: **07/11/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0231981**
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

**O'BRIEN, LARRY
2556 UNIVERSITY DR
CORAL SPRINGS 33065**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 of professional or registered agent and the filer) DATE: _____
NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		
TITLE: DP	O'BRIEN, THOMAS	<input type="checkbox"/> DELETE
NAME: O'BRIEN, THOMAS	2556 UNIVERSITY DR.	
STREET ADDRESS: CORAL SPRINGS FL		
CITY-STATE-ZIP: CORAL SPRINGS FL		
TITLE: DV	O'BRIEN, BOB	<input type="checkbox"/> DELETE
NAME: O'BRIEN, BOB	2556 UNIVERSITY DR.	
STREET ADDRESS: CORAL SPRINGS FL		
CITY-STATE-ZIP: CORAL SPRINGS FL		
TITLE: DS	O'BRIEN, LARRY	<input type="checkbox"/> DELETE
NAME: O'BRIEN, LARRY	2556 UNIVERSITY DR.	
STREET ADDRESS: CORAL SPRINGS FL		
CITY-STATE-ZIP: CORAL SPRINGS FL		
TITLE: DT	BLANK, PAT	<input type="checkbox"/> DELETE
NAME: BLANK, PAT	2556 UNIVERSITY DR.	
STREET ADDRESS: CORAL SPRINGS FL		
CITY-STATE-ZIP: CORAL SPRINGS FL		
TITLE: _____	_____	<input type="checkbox"/> DELETE
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-STATE-ZIP: _____	_____	
TITLE: _____	_____	<input type="checkbox"/> DELETE
NAME: _____	_____	
STREET ADDRESS: _____	_____	
CITY-STATE-ZIP: _____	_____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	_____	
1.3 STREET ADDRESS	_____	
1.4 CITY-STATE-ZIP	_____	
2.1 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	_____	
2.3 STREET ADDRESS	_____	
2.4 CITY-STATE-ZIP	_____	
3.1 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	_____	
3.3 STREET ADDRESS	_____	
3.4 CITY-STATE-ZIP	_____	
4.1 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	_____	
4.3 STREET ADDRESS	_____	
4.4 CITY-STATE-ZIP	_____	
5.1 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	_____	
5.3 STREET ADDRESS	_____	
5.4 CITY-STATE-ZIP	_____	
6.1 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	_____	
6.3 STREET ADDRESS	_____	
6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date
954-753-0170
Daytime Phone #

CR2E034 (12/95)