

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 24 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 # 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 33065-5126**

3. Date Incorporated or Qualified  
**11/09/1990**

3a. Date of Last Report  
**03/06/1996**

4. FEI Number  
**65-0231981**

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

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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/16/97** DAYTIME PHONE #: **954-753-0170**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)