

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # S71103 (3)**

1. Corporation Name  
**4T ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**10777 E SR 40 SILVER SPRINGS FL 34488 US**

3. Date Incorporated or Qualified **08/06/1991** 3a. Date of Last Report **07/11/1995**  
 4. FEI Number **59-3077472** 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

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

9. Name and Address of Current Registered Agent  
**TODD, EDWARD B.  
 14720 EAST C.R. 316  
 FT. MCCOY FL 32134**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when filing change)

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, EDWARD B.</b>	
STREET ADDRESS	<b>10777 E SR 40</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, MARY LOU</b>	
STREET ADDRESS	<b>10777 E SR 40</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, LOUIS B.</b>	
STREET ADDRESS	<b>10777 E SR 40</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, MARY LOU</b>	
STREET ADDRESS	<b>10777 E SR 40</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

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

**600001928908**  
**-08/21/96--01091--024**  
**\*\*\*375.00**

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)(b), 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 has 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 Section 607.017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward B. Todd* **Edward B. Todd** **8956** **352-625-2135**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)