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**Feb 12 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 # 349445 (7)
1. Corporation Name
BROTHERS-FOUR INC



Principal Place of Business: **529 W FLAGLER ST MIAMI FL 33130**
Mailing Address: **529 W FLAGLER ST MIAMI FL 33130-1300**

3. Date Incorporated or Qualified: **07/15/1969** 3a. Date of Last Report: **05/14/1996**
4. FEI Number: **59-1102316** 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: 21 State, Apt. #, etc: **22** City & State: **23** Zip: Country: **24**
2a. Mailing Address: 26 Suite, Apt. #, etc: **27** City & State: **28** Zip: Country: **29**

9. Name and Address of Current Registered Agent
**BOLTON, GEORGE C
529 W FLAGLER ST
MIAMI FL 33130**

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. I hereby 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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOLTON, GEORGE C	
STREET ADDRESS	314 ARIZONA ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WILTSIE, JOLENE B.	
STREET ADDRESS	6700 CYPRESS RD #103	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BOLTON, MARY E	
STREET ADDRESS	314 ARIZONA ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CALABRESE, MELISSA D.	
STREET ADDRESS	6344 NW 170TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Melissa D. Calabrese 2/7/97 (305) 324-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)