


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

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FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90057 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 684154					
1. Corporation Name FOURLEAF, INC.					
Principal Place of Business 42 MINNEHAHN CIRCLE MAITLAND FL 32751 US			Mailing Address 42 MINNEHAHA CIRCLE MAITLAND FL 32751 US		
2. Principal Place of Business 21 34 Minnehaha Circle Suite, Apt. #, etc. 22 City & State 23 Zip 24 32751-4539 Country		2a. Mailing Address 26 34 Minnehaha Circle Suite, Apt. #, etc. 27 City & State 28 Zip 29 32751-4539 Country		3. Date Incorporated or Qualified 08/14/1980	
				4. FEI Number 59-2029588	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HAIGHT, BERT A 42 MINNEHAHA CIRCLE MAITLAND FL 32751			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 34 Minnehaha Circle 83 84 City 85 Zip Code FL 32751-4539		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<input type="checkbox"/> DELETE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP			1.1 TITLE		
NAME HAIGHT, BERT A			1.2 NAME		
STREET ADDRESS 42 MINNEHAHA CIRCLE			1.3 STREET ADDRESS 34 Minnehaha Circle		
CITY-ST-ZIP MAITLAND, FL 00000			1.4 CITY-ST-ZIP Maitland, FL 32751-4539		
<input type="checkbox"/> DELETE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST			2.1 TITLE		
NAME HAIGHT, ELSIE M			2.2 NAME		
STREET ADDRESS 42 MINNEHAHA CIRCLE			2.3 STREET ADDRESS 34 Minnehaha Circle		
CITY-ST-ZIP MAITLAND, FL 00000			2.4 CITY-ST-ZIP Maitland, FL 32751-4539		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

Elsie M. Haight Secretary 2-2-99 407-647-5813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)