## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

G26617 **DOCUMENT #** 

(2)

Corporation Name

FOUR-EIGHT-SEVEN, INC.

Principal Place of Business	
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zφ

Mailing Address

2a. Mailing Address

City & State

Ζip

Suite, Apt. #, etc

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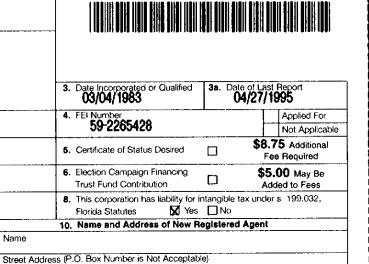
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9. Name and Address of Current Registered Agent

1730 SE 47TH TERRACE, STE. 1 CAPE CORAL FL 33904

1730 SE 47TH TERRACE, STE. 1 CAPE CORAL FL 33904



FRANKEL, HAROLD L. 1730 SE 47TH TERRACE SUITE #1 CAPE CORAL FL 33904

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	03			
	84	City FL	85	Zip Code
abo	ve-r	amed corporation submits this statement for the purpose of chan-	ging	its registered office

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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.

Country

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SIGNATURE Stgriature, typed or printed name of registered agent and trile it applicable.  NOTE: Registered Agent signature required when reinstating!  DATE								
12.	OFFICERS AND DIRECTORS	13.	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
DILE	<b>♥D</b> □ DELETE	1. 1 TITLE	☐ Change ☐ Addition					
NAME	FRANKEL, HAROLD L.	1.2 NAME						
STREET ADDRESS	1730 SE 47TH TERRACE	1.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL	1 4 CITY-ST-ZIP						
TITLE	PD DELETE	2 1 TITLE	☐ Change ☐ Add:tion					
NAME	FRANKEL, DORIS N.	2.2 NAME						
STREET ADDRESS	1730 SE 47TH TERRACE	2.3 STREET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP						
TITLE	☐ DELĒTĒ	3 1 TITLE	Change Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-S1-ZIP		3.4 CITY - ST - ZIP						
TITLE	☐ DELETE	4. 1 THTLE	☐ Change ☐ Addition					
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	į					
CITY-ST-ZIP		4.4 CITY - ST - ZIP						
1HLE	DELETE	5 1 TITLE	Change 🗀 Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELETE	6 1 TITLE	☐ Change ☐ Addition					
NAME		62 NAME						
STREET ADDRESS		6 3 STREET ADDRESS						
CITY - ST - ZIP		6.4 CITY - ST - 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 or on an attachment with an address

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CR2E034 (12/95)