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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

G26617

(2)

FOUR-EIGHT-SEVEN, INC.

## **FILED** Apr 21 1998 8:00am Secretary of State



					i 1981)   Falb 1896 Alija 8178)			
Principal Place of Business Mailing Address					- I LABIINI BOID HAMA OLHIA SIIDI	U      E       U      U	ili aladı əhəh əhə	<b>                                    </b>
1730 SE 47TH TERRACE. STE. 1 1730 SE 47TH TERRACE. STE. CAPE CORAL FL 33904 CAPE CORAL FL 33904					DO NOT	WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qua	lified		
			<del></del>		03/04/1983			
	Place of Business	2a, Mailing Address	STAI	میسے و	4, FEI Number		A	pplied For
21 60/ Suite, Apt	NITISE AVE.	26 601 5.W. 141		/E·	59-2265428		<del></del>	ol Applicable
22 7-	Suite, Apt. #, etc.  P-114  City & State  City & State  City & State				5. Certificate of Status Desire		Fee Ro	Additional equired
	ROKE PINES, FL	28 PEMBROKE	PINE	55,FL	6. Election Campaign Finance Trust Fund Contribution		Added	May Be to Fees
24 336	227 25 BROWARD	29 330 a7	12-2	, OWARJ	8. This corporation owes or h			-
27 0 20	g. Name and Address of Currer		1301 COV	U WASA	Personal Property Tax due 10. Name and Address of No			_l No
61	MANKEL, HAROLD L		8	Name	\( \( \tau \)	e a come c	- Agoin	
	30 SE AZIH JERRACE		6:	<u> </u>	ORIS N. FRAI	NKEL	<u> </u>	
SUITE #1				Street Add	ress (P.O. Box Number is 14 Acc	(eptable)		
	APE CORAL FL 33964		8		1111			****
	# E 0014E 1 E 00000		L.	ρ-	114			
•			84	SEM	BROKE PINES	FI		Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	e-named cor	poration submits this statement for	the purpose	of changing if	ts registered
office or agent. Li	to the provisions of Sections 607.050 registered agent, or both, in the State am Jan tilar with, and accept the city	of Florida. Such change was a ations of Suction 607.0505. Flo	authorized b orida Statuta	y the corpora	tion's board of directors. I hereby	accept the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered up	tracke	9/,	RE	sired when reinstating)	4/1	5/98	8
12.	OFFICERS AN	<u> </u>	13.	Parti signatoro redo	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			<u> </u>	Change	Addition
NAME	FRANKEL, HAROLD L.		1.2 NAME					
STREET ADDRESS	1730 SE 47TH TERRACE		1.3 STREE	T ADORESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	1		-1	Change	Addition
NAME	FRANKEL, DORIS N.		22 NAME	F	RANKEL, DORI	5 <u>N</u> .	•	
STREET ADDRESS	1730 SE 47TH TERRACE		23 STREE	T ADDRESS 6	RANKEL DORI	E. P-11	14	_
CITY - ST- ZIP	CAPE CORAL FL		2.4 CITY-	ST-ZIP	EMBROKE PIN	ES. FL	330	27
TITLE		☐ DELETÉ	31 TITLE			,	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS	İ		3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3 4. CITY-	ST-ZIP				
TAILE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-	ST-ZIP		<del></del>		
THLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME	ĺ		5.2 NAME					
STREET ADDRESS				T ADDRESS				l
CITY-ST-ZIP		☐ DELETE	5.4 CITY -	ST-ZIP			——————————————————————————————————————	
TITLE		☐ DELETE	6.1 TITLE	}			L Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			1	T ADDRESS				
CITY-S1-ZIP	certify that the information supplied w	al al i di	6.4 CITY -					

I hereby cortify that the information supplied with this tiling does not quality 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 cacurate 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