

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J79879 (9)

1. Corporation Name

FOUR FACET CORPORATION OF AMERICA



Principal Place of Business

Mailing Address

% ANDREW J. FORTH
4409 PARKBREEZE COURT
ORLANDO FL 32808

% ANDREW J. FORTH
4409 PARKBREEZE COURT
ORLANDO FL 32808

3. Date Incorporated or Qualified

06/25/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 4153 LEAFY GLADE PL

Suite, Apt. #, etc.

22

City & State

23 CASSELBERRY FLORIDA

Zip

24 32707

Country

25 U.S.A

2a. Mailing Address

26 4153 LEAFY GLADE PL

Suite, Apt. #, etc.

27

City & State

28 CASSELBERRY FLORIDA

Zip

29 32707

Country

30 USA

4. FEI Number

59-2813926

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

9. Name and Address of Current Registered Agent

FORTH, ANDREW J.
4409 PARKBREEZE COURT
ORLANDO FL

10. Name and Address of New Registered Agent

81 Name FORTH ANDREW J
82 Street Address (P.O. Box Number is Not Acceptable)
4153 LEAFY GLADE PLACE
83
84 City CASSELBERRY FL 85 Zip Code 32707

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

Andrew J. FORTH
Signature typed or printed name of registered agent and fee if applicable

ANDREW J FORTH

(NOTE: Registered Agent signature required when resigning)

7-15-96

Date

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	FORTH, ANDREW J.	
STREET ADDRESS	4153 LEAFY GLADE PLACE	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE	STV	<input type="checkbox"/> DELETE
NAME	HERMAN, MARYANN	
STREET ADDRESS	4153 LEAFY GLADE PLACE	
CITY- ST- ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andrew J. FORTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW J FORTH

7-15-96

Date

4076966227

Daytime Phone #

CR2E034 (3/96)