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FILED

Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L03487**

(0)

1. Corporation Name

FOUR COUNTS, INC.

Principal Place of Business

**C/O JNM ENTERPRISES
17 N. WARD AVE
RUMSON NJ 07780
US**

Mailing Address

**C/O JNM ENTERPRISES
17 N. WARD AVE
RUMSON NJ 07780-1915
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/21/1989

3a. Date of Last Report

09/10/1996

4. FEI Number

58-1861495

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

**CUTLER, STEPHEN H
1402 NW 80TH AVE.
MARGATE FL 33063**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE - Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **CUTLER, STEPHEN H**
STREET ADDRESS **1402 NW 80TH AVE.**
CITY - ST - ZIP **MARGATE FL**

TITLE **AS** ☐ DELETE

NAME **CUTLER, STEPHEN H**
STREET ADDRESS **1402 NW 80TH AVE.**
CITY - ST - ZIP **MARGATE FL**

TITLE **DPS** ☐ DELETE

NAME **MULHEREN, NANCY**
STREET ADDRESS **17 N. WARD AVE.**
CITY - ST - ZIP **RUMSON NJ**

TITLE **T** ☐ DELETE

NAME **MULHEREN, NANCY**
STREET ADDRESS **17 N. WARD AVE.**
CITY - ST - ZIP **RUMSON NJ**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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: *Stephen H. Cutler*

11/1/97

CR2E034 (9/96)