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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L36686 1. Corporation Name

FOUR VS ONE, INC.

								i
Principal Place of Business Mailing Address						T : BELLEN BEB LINE BILL BILL LULL BILL BILL BILL BILL BILL	ľ	
1114 S.E. 2ND STREET 1114 S.E. 2ND STREET								
BOYNTON BEACH FL 33435 BOYN			INTON BEACH FL 33435				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	$\neg$
							12/14/1989	
2. Principal Pl	lace of Business	2a. M	ailing Address				4. FEI Number Applied For	ヿ
21		26					65-0161467 Not Applicab	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional	
22		27					Fee Required	
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be	
23	Country	28		Cou	ntn	<del></del> _	Trust Fund Contribution Added to Fees	$\dashv$
Zip	—		Zip Cou		i iu y		8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre		_ <del></del>			- <del></del> -	10. Name and Address of New Registered Agent	$\dashv$
3. Hame and readous of carron registeres regard					81	Name		$\neg$
NANCY MORRIS				82	2 Street Address (P.O. Box Number is Not Acceptable)			
	SE 2ND STREET					Sueetr	Address (1.0. box Humber is Hot Acceptable)	╝
BOY	NTON BEACH FL 33435					-		
	:					Cíty	85 Zip Code	ᅱ
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.					Ш	FL   FL		
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida.	Such change was a	uthorized	i by	the corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if app	plicable. (NOTE	Registered	Agen	t signature re	e required when reinstating) DATE	_
12.	OFFICERS A	ND DIRECT	<del></del>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	DP -		☐ DELETE	1.1 Π		1	☐ Change ☐ Addit	10n
NAME	MORRIS, NANCY L.			1.2 N				Ì
STREET ADDRESS	1036 SW 28 AVE.					ADDRESS	S .	
CITY-ST-ZIP	BOYNTON BEACH FL	<del></del>	DELETE	1.4 CI 2.1 TI	TY-S1	-ZIP	Change Addit	ion
TITLE				2.1 N		- {		
NAME STREET ADDRESS	1036 SW 28 AVE.			_		ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL			2.40			<u> </u>	
TITLE			3.1 Π			Change Additi	ion	
NAME				3.2 N	ME			
STREET ADDRESS				3.3 ST	REÈT	ADDRESS	s	- {
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP		_
TITLE	. DELETE		4.1 TI	4.1 TITLE		Change Addit	ion	
NAME				4. 2 N	AME	1		
STREET ADDRESS						ADDRESS	s .	
CITY-ST-ZIP			~	.4 CITY-ST-ZIP		Change Addit	ior	
TITLE			☐ DELETE	5.1 TI 5.2 N		].	Change Addit	IUII
NAME						ADDRESS	s	
STREET ADDRESS	,				7Y-81	1	-	{
CITY-ST-ZIP TITLE	<u> </u>		DELETE	6.1 TI			Change Addit	ion
NAME	,			6.2 N				

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90165 011 \*\*\*150.00