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

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # **P93000030632 (2)**

1. Corporation Name
FLORIDA GROUP FOUR, INC.

Principal Place of Business	Mailing Address
801 S FEDERAL HWY #1017 POMPANO BCH. FL 33062	801 S FEDERAL HWY #1017 POMPANO BCH. FL 33062

2. Principal Place of Business	2a. Mailing Address
21 1360 S. Ocean Blvd	26 1360 S. Ocean Blvd
Suite, Apt. #, etc. 22 #2207	Suite, Apt. #, etc. 27 #2207
City & State 23 Pompano Bch FL	City & State 28 Pompano Bch. FL
Zip 24 33062 Country 25 USA	Zip 29 33062 Country 30 USA

3. Date Incorporated or Qualified: 04/27/1993
3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0400227 ☐ 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
MANFREDONIA, SALVATORE J
801 S FEDERAL HWY
#1017
POMPANO BCH. FL 33062

10. Name and Address of New Registered Agent
81 Name: MANFREDONIA, SALVATORE J.
82 Street Address (P.O. Box Number is Not Acceptable): 1360 S. OCEAN BLVD. #2207
83
84 City: POMPANO BCH., FL. FL 85 Zip Code: 33062

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANFREDONIA, SALVATORE J 801 S FEDERAL HWY, #1017 POMPANO BCH. FL 33062 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MANFREDONIA, SALVATORE J. 1360 S. OCEAN BLVD. #2207 POMPANO BEACH, FL. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCARDINA, PAUL 801 S FEDERAL HWY, #1017 POMPANO BCH. FL 33062 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD SCARDINA, PAUL 1360 S. OCEAN BLVD. #2207 POMPANO BEACH, FL. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GERARDI, VINCENT JR 801 S FEDERAL HWY, #1017 POMPANO BCH. FL 33062 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD GERARDI, VINCENT 1360 S. OCEAN BLVD. #2207 POMPANO BEACH, FL. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERARDI, VINCENT 801 S FEDERAL HWY, #1017 POMPANO BCH. FL 33062 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD GERARDI, VINCENT 1360 S. OCEAN BLVD. #2207 POMPANO BEACH, FL. 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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: _____ 7-31-96 954-755-6942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #