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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000032748 (4)

1. Corporation Name

4CORNERS INNOVATIVE DESIGN & DEVELOPMENT GROUP,  
INC.

Principal Place of Business

Mailing Address

P. O. BOX 1618 N/A  
OVIEDO FL 32765  
US

P. O. BOX 1618 N/A  
OVIEDO FL 32765  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, WADE F JR.  
250 NORTH ORANGE AVE.  
11TH FLOOR  
ORLANDO FL 32801

81 Name Rebecca Wright, CTO  
82 Street Address (P.O. Box Number is Not Acceptable) 1009 Leinhart Ct.  
83  
84 City Oviedo, FL FL 85 Zip Code 32765

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CTD	WRIGHT, ERNEST W	1009 LEINHART CT.	OVIEDO FL	<input checked="" type="checkbox"/>
PSK	DONOVAN, CHARLES	4509 CLARKSDALE CT.	ORLANDO FL	<input type="checkbox"/>
VD	GODIN, ADELARD	205 BRITISH WOOD DR	NASHVILLE TN	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CTD	WRIGHT, ERNEST W	1009 LEINHART	OVIEDO, FL 32765	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Rebecca Wright, CTO

4/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)