

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED
Pg. 1072

97 SEP -8 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000032748 (4)

1. Corporation Name

4CORNERS INNOVATIVE DESIGN & DEVELOPMENT GROUP,
INC.



Principal Place of Business P. O. BOX 1618 N/A OVIEDO FL 32765 US	Mailing Address P. O. BOX 1618 N/A OVIEDO FL 32765 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 621618 Suite, Apt. #, etc. 22 City & State 23 Oviedo, FL Zip 24 32762 Country 25		2a. Mailing Address 26 P.O. Box 621618 Suite, Apt. #, etc. 27 City & State 28 Oviedo, FL Zip 29 32762 Country 30		3. Date Incorporated or Qualified 05/04/1993	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3180735	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WRIGHT, REBECCA CTD 1009 LEINHART CT. OVIEDO FL 32765				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100002289681--4 83 -09/10/97--01097--004 ****164.00 ****164.00 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD WRIGHT, REBECCA 1009 LEINHART CT. OVIEDO FL 32765 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DONOVAN, CHARLES 4509 CLARKSDALE CT. ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PS Donovan, Charles 1535 Green Acres Pt. Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GODIN, ADELARD 205 BRITISH WOOD DR NASHVILLE TN <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ 8/20/97 407 1607-7514

CR2E034 (4/97)

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August 15, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: P93000032748

Dear Sirs:

At the direction of your office, I have enclosed our corrected annual report along with our check for the original filing fee minus the penalty. I have noted the due date, so as not to rely on a notice from the State. I have also verified with our Post Office the reassignment of the box numbers to avoid any future issues with missing and damaged mail.

Thank you for your understanding and assistance. Should you need further information, or this is not sufficient, please call me during the day at 407 667-7560 or evenings at 407 365-3107.

Sincerely

A handwritten signature in cursive script, appearing to read 'R Wright', written in black ink.

Rebecca Wright
Chairman