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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

SIGNATURE:

DITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000035559 (2)

FIRST FOUR ENTERPRISES, INC.

1012 SLIGH BLVD. 1012 SLIGH BLVD. ORLANDO FL 32806 ORLANDO FL 32806-1029 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996 05/14/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3190282 Not Applicable 26 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζiρ Country Zipi Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALL, NANCY 3897 VILLA ROSE LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 84 City 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 type a or proceed has a collegest red agent and title diapproable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Add-tion TITLE DELETE 1.1 THEF NAME HALL, NANCY 1894 VIVIA BOSC LAWE 3897 VILLA ROSE LANE 1.3 STREET ADDRESS STREET ADDRESS Orlando FL 32808 ORLANDO FL 32808 1.4 CITY - ST - ZIP CITY - ST - ZIF DELFTE Change Addition TITLE 2.1 TITLE NAME YOHN, DONNA 2.2 NAME 608 STREET ADDRESS 4524 VILLAGE WOOD DR. 2.3 STREET ADDRESS ORLANDO FL 82835 2 4 CITY - \$1 - ZIP CITY-ST-Z-P DELETE ■ Addition 3 1 TITLE TITLE 3.2 NAME NAME HALL, BRODIE 3894 VillA Rose LANE 3897 VILLA ROSE LANE 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 3.4 CITY-ST-2IP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME YOHN, JAY 4524 VILLAGE WOOD DR: 4.3 STREET ADDRESS STREET ADDRESS ELEBRATION, FL 34747 ORLANDO FL-32835-4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 DD F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAM: 6.2 NAME

63 STREET ADDRESS

64 CHY-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 eath; 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 obtaininged, or on an attachment with an address