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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

P9400004004 (5)

| FOUR L, INC.  Principal Place of Business  Mailing Address  34826 LAPLACE CT EUSTIS FL 32726  EUSTIS FL 32726  |  |   |  |  |  |   |   |                               |  |  |
|--|--|---|--|--|--|---|---|-------------------------------|--|--|
| EUSIIS FL  | 32120  |   | 200110 12 32120  |  |  |   | 3. Date Incorporated or Quali                             | fied 3a. Da                   | ate of Last Re<br>04/28/1              |  |
| Principal Plac   | on of Business   |   | 2a. Mailing Address  |  | ···-   |   | 4. FEI Number   |                               |  | Applied For  |
| . Principal Plac   | ce or business   | <u> </u>  | 26   |  |  |   | 59-3219160  |                               | LL                                     | Not Applicable   |
| Suite, Apt. #,   | , etc.   | i   | Suite, Apt. #, etc.  |  |  | •   | 5. Certificate of Status Desire                           | d 🗆                           |  | Additional   |
|  |  |   | 27   |  |  |   | S, continued of status 2500                               |                               | <del></del>                            | Required   |
| City & State   |  | -   | City & State   |  |  |   | 6. Election Campaign Financi                              | ng 🖂                          | •                                      | D May Be<br>ito Fees                                   |
|  |  |   | 28   | Count  | ln.  |   | Trust Fund Contribution  8. This corporation has liabilit |                               |  |  |
| Zip  | Country<br>25  | ´   | <sup>Zip</sup><br>29 <b>ろなつる</b> /。  | 30   | u y  |   |   | y lor intangible<br>IYes □ No | tax unocr 5                            | 155,662,   |
| 3273   | g. Name and Addre  |   |  | 1201   |  |   | 10. Name and Address of N                                 | · . <del>-</del>              | d Agent                                |  |
|  |  |   |  | 8  | 11 Na  | ame   |   |                               |  |  |
| LAWS.  | CHERYL   |   |  | a  | 12 St  | treet Addr                                      | ress (P.O. Box Number is Not Acc                          | eptable)                      | _ , , ,,                               |  |
| 34826 LAPLACE CT   |  |   |  |  | 3treet Addi  |   |   |                               |  |  |
|  | S FL 32726   |   |  | 8  | 33   |   |   |                               |  |  |
|  |  |   |  | 8  | 4 Ci   | ity   |   |                               | . 85 Zı                                | Code   |
|  |  |   |  |  |  | <del></del>                                     | ration submits this statement for th                      | F                             |  | point area off   |
| or registere   | ed agent, or both, in the  | State of Florida  | Such change was autho<br>607.0505, Florida Statu   | orized by the co   | rporat   | tion's boa                                      | rd of directors. Thereby accept the                       | - cap p c i i i i c           |  |  |
| or registere<br>familiar with<br>IGNATURE  | ed agent, or both, in the<br>h, and accept the obliga<br>Signature, typed or printed name  | State of Florida. ations of, Section  | Such change was author 607.0505, Florida Statur  | orized by the co   | orporati   | ion's boa                                       |   | DATÉ                          |  |  |
| or registere<br>familiar with<br>IGNATURE _<br>5<br>2.   | ed agent, or both, in the<br>h, and accept the obliga<br>Signature, typed or printed name  | State of Florida:<br>ations of, Section   | Such change was author 607.0505, Florida Statur  | onzed by the co<br>tes.<br>(NOTE: Registered A   | gent sign  | ion's boa                                       | d when reinstating).                                      | DATÉ                          |  | DRS IN 12  |
| or registere<br>familiar with<br>IGNATURE  | ad agent, or both, in the h, and accept the obligations by the obligation of the obl | State of Florida ations of, Section of registered against and DEFICERS AND D  | Such change was autho<br>607,0505, Florida Statu<br>the Tappicable<br>DIRECTORS                    | INOTE: Registered A  | gent sign  | ion's boa                                       | d when reinstating).                                      | DATÉ                          | ND DIRECTO                             | DRS IN 12  |
| or registere familiar with IGNATURE  | ad agent, or both, in the h, and accept the obligation of the obli | State of Florida : ations of, Section of egislered again and DEFFICERS AND D  | Such change was autho<br>607,0505, Florida Statu<br>the Tappicable<br>DIRECTORS                    | INOTE: Registered A.  1. 1 TITE 1.2 NAM  | gent sign  | nature require                                  | d when reinstaining:<br>ADDITIONS/CHANGES TO              | DATÉ                          | ND DIRECTO                             | DRS IN 12  |
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