

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000016255 (9)

1. Corporation Name

FOUR CORNERS OF SOUTH FLORIDA, INC.



Principal Place of Business

340 JENNINGS AVENUE
GREENACRES CITY FL 33463

Mailing Address

340 JENNINGS AVENUE
GREENACRES CITY FL 33463

2. Principal Place of Business

2a. Mailing Address

21 502 South Carolina Dr
Suite, Apt. #, etc.

26 502 South Carolina Dr
Suite, Apt. #, etc.

22 City & State
Stuart FL

27 City & State
Stuart, FL

23 Zip Country
34994 Martin

28 Zip Country
34994 Martin

9. Name and Address of Current Registered Agent

THILLBERG, CARL W
340 JENNINGS AVENUE
GREENACRES CITY FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

502 South Carolina Dr

84 City

STUART FL

FL

85 Zip Code
34994

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

Carl Thillberg

Carl Thillberg

(NOTE: Registered Agent signature required when changing)

DATE

Mar 2 96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THILLBERG, CARL W SR.	
STREET ADDRESS	340 JENNINGS AVENUE	
CITY-ST-ZIP	GREENACRES CITY FL 33463	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	GAMMONS, LINDA K	
STREET ADDRESS	340 JENNINGS AVENUE	
CITY-ST-ZIP	GREENACRES CITY FL 33463	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
502 South Carolina Dr Stuart FL 34994
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502 South Carolina Dr Stuart FL 34994
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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 if changed, or on an attachment with an address

SIGNATURE:

Carl Thillberg President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)