## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

## FILED May 20 1998 8:00am Secretary of State

	MENT # P94000 FOUR ENTERPRISES; INC.	0028848 (7	)			
Principal Plac	ce of Business	Mailing Address		<del></del>		IIU IIUUI IBIUI IUIII BIBBI IUII 1881
19333 S DIXIE HWY		9450 SW 51ST STREET				
MIAMI FL 33157		MIAMI FL 33165			DO NOT WRITE IN 1	THIS SPACE
US					3. Date Incorporated or Qualified	TIIO SEACE
-					04/15/1994	ļ
2. Principal P	Place of Business	2a. Mailing Address		<del>-</del>	4. FEI Number	Applied For
21		26			65-0529368	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country		8. This corporation owes of has paid to	
24	25	29	30		Personal Property Tax due June 30.	Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	ered Agent
	IERIDAN, DREW S ESO.		81	Name		
6401 SW 87TH AVENUE STE. 114			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	6. 114 AMI FL 33173		83			
17117	AMI 1 E 33173		-:			
			84	City		FL 85 Zip Code
agent I a SIGNATURE  12.	im familiar with, and accept the obligation of the state of the street age.  OFFICERS AND	n and titen apporable (N			poration submits this statement for the purportion's board of directors. I hereby accept the red when reinstaling)  ADDITIONS/CHANGES TO OFFICERS	ATE.
TITLE	PD	DELETE	1.1 TITLE	1		Change Addition
NAME	Carlin, Elizabeth R		1.2 NAME			
STREET ADDRESS	=		1.3 STREET	ADDRESS 4	ARLIN, JAMES R. 450 SW 51 ST	
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY - ST	- ZIP M	1AMI FL 33165	
TITLE	STD DODEST	☐ DELETE	2.1 TITLE	Þ		Change Addition
NAME	CARLIN, ROBERT J 9450 SW 51ST STREET				ARLIN, DANIEL. L. 450 SW SI ST	
STREET ADDRESS	MIAMI FL 33165					
CITY-ST-ZIP TITLE	MINMITE 33103	DELETE	2 4 CITY-S	1 - ZIP	1AMI, FL. 33165	Change L Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		İ
CITY-ST-ZIP			3.4. CITY - S			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET /	ADDRESS		
CITY-ST-ZIP		Dectar	4.4 CITY-ST	- ZIP		
TITLE		☐ DELETE	5.1 NTLE			Change Addition
NAME CTREET ADDRESS			5.2 NAME	bosess		
STREET ADDRESS			5.3 STREET A	I		
CITY-ST-2IP TITLE		DELETE	5.4 CITY - ST 6.1 TITLE	- 218		Change Addition
NAME		C OCCUIT	6.2 NAME			E'' Outside E'' Montioti
STREET ADDRESS			6.3 STREET A	ADDRESS		
CITY-ST-ZIP			6.4 CHY-ST			
	sortify that the information supprised wit	b this films does not qualify			Section 119 07/3\(\text{ii}\) Florida Statutos I furth	er certify that the information

4. Thereby 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 supplienced amount 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 changed, or on an attachment with an address.

SIGNATURE: 6

R. Cali

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