
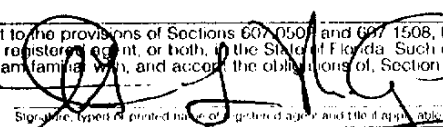
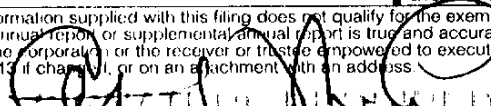


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000072613 (0) 1. Corporation Name FOURBEE'S INTERNATIONAL INVESTMENT CORPORATION			
Principal Place of Business 7451-13 103RD STREET SUITE 32 JACKSONVILLE FL 32210		Mailing Address 7451-13 103RD STREET SUITE 32 JACKSONVILLE FL 32210-9309	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 325 W ADAMS ST City & State 23 JACKSONVILLE, FLA. Zip 24 32218		2a. Mailing Address 26 325 W ADAMS ST Suite, Apt. #, etc. 27 JACKSONVILLE, FLORIDA City & State 28 Zip 29 32218 Country 30 DUVAL	
3. Date Incorporated or Qualified 10/04/1994		3a. Date of Last Report 05/16/1995	
4. FEI Number 59-3313366		Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MCCOY, CLINT 11501 HARTS ROAD, #1008 JACKSONVILLE FL 32218			
10. Name and Address of New Registered Agent 81 Name CLINT L. MCCOY 82 Street Address (P.O. Box Number is Not Acceptable) 10919 BISCAYNE BLVD 83 JACKSONVILLE, FLORIDA 84 City FL 85 Zip Code 32218			
11. Pursuant to the provisions of Sections 607.0505 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  President DATE 5-8-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	MCCOY, CLINT L		
STREET ADDRESS	11501 HARTS RD.		
CITY-ST-ZIP	JACKSONVILLE FL 32218		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	CLARK, NATHANIEL		
STREET ADDRESS	7025 ESTHER ST.		
CITY-ST-ZIP	JACKSONVILLE FL 32210		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	SINGLETARY, LEE V		
STREET ADDRESS	8107 RAMSGATE ROAD		
CITY-ST-ZIP	JACKSONVILLE FL 32208		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CHOB, DENNIS		
STREET ADDRESS	P.O. BOX 50268 N/A		
CITY-ST-ZIP	LUSAKA, ZAMBIA, AFRICA		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	POWERS, RICHARD		
STREET ADDRESS	9021 2ND AVENUE		
CITY-ST-ZIP	JACKSONVILLE FL 32208		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	P		
1.3 STREET ADDRESS	MCCOY, CLINT L.		
1.4 CITY-ST-ZIP	10919 BISCAYNE BLVD		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-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 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: 		5-8-97 904-354-6700	



CR2E034 (9/96)