FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000034700 (1)

1. Corporation Name
FOURSOME ENTERPRISES, INC.

Principal Place of Business	Mailing Address
%MOSHER AND SCHNEIDER, P A 515 N FLAGLER DR. 300 NORTHBRIDGE PAVILION WEST PALM BEACH FL 33401	%MOSHER AND SCHNEIDER, P A 515 N FLAGLER DR. 300 NORTHBRIDGE PAVILION WEST PALM BEACH FL 33401

2. Principal Place of Business — 21: 505 S. Flagler Dr.
Suite, Apt. #, etc. — 22: #1001
City & State — 23: West Palm Beach, FL
Zip — 24: 33401 Country — 25: USA

2a. Mailing Address — 26: 505 S. Flagler Dr.
Suite, Apt. #, etc. — 27: #1001
City & State — 28: West Palm Beach, FL
Zip — 29: 33401 Country — 30: USA

3. Date Incorporated or Qualified: 04/27/1995
3a. Date of Last Report:
4. FEI Number: 65-0578958 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
SCHNEIDER, JOHN C
MOSHER AND SCHNEIDER, P A
~~515 N FLAGLER DR. 300 NORTHBRIDGE PAVILION~~
WEST PALM BEACH FL 33401

10. **Name and Address of New Registered Agent**
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1001 Flagler Center
83 505 S. Flagler Drive
84 City: West Palm Beach FL 85 Zip Code: 33401

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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	IRENE CAVALLEN	
STREET ADDRESS	3 DORCHESTER CIRCLE	
CITY-ST-ZIP	WEST PBG FL 33418	
TITLE	Director	☐ DELETE
NAME	ALLAN CHRISTER CAVALLEN	
STREET ADDRESS	3 DORCHESTER CIRCLE	
CITY-ST-ZIP	PBG, FL 33418	
TITLE	Director	☐ DELETE
NAME	Jan Johansson	
STREET ADDRESS	10892 Egret Pointe	
CITY-ST-ZIP	WPB, FL 33412	
TITLE	Director	☐ DELETE
NAME	ANNA AKESSON	
STREET ADDRESS	10892 Egret Pointe	
CITY-ST-ZIP	WPB, FL 33412	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	000001920240 -08/13/96--01027--043 ***225.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Irene Cavallen Pres. 4/24/96 407 624 1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #