

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 # P95000037408 (8)

1. Corporation Name

4 OF 8, INC.



Principal Place of Business

Mailing Address

~~11548 N.W. 10TH STREET~~
~~PEMBROKE PINES FL 33026~~

~~11548 N.W. 10TH STREET~~
~~PEMBROKE PINES FL 33026~~

3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7900 NW 3rd St.

26 7900 NW 3rd St

4. FEI Number
65-0579204

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 16-106

27 16-106

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Pembroke Pines FL

28 Pembroke Pines, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33024

25 USA

29 33024

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILLEM, SCOTT
32845 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
WOLBERT, MICHAEL
11548 N.W. 10TH ST.
PEMBROKE PINES FL 33026

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOLBERT, MICHAEL
11548 N.W. 10TH ST.
PEMBROKE PINES FL 33026

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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
PVST
Wolbert, Michael
7900 NW 3rd St 16-106
Pembroke Pines FL 33024

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
Wolbert, Michael
7900 NW 3rd St 16-106
Pembroke Pines, FL 33024

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 ☐ Change ☐ 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 is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Wolbert 3/15/96 (954)894-5311

Date

Daytime Phone #

CR2E034 (12/95)