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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000058441 (3)

EGO FOUR GROUNDWORKS, INC.

FILED Jan 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								41 KM 1481	
•		Mailing Address							
2008 TAYLOR A WINTER PARK		2008 TAYLOR AVENUE WINTER PARK FL 3278	08 Taylor avenue NTER Park FL 32702-9133						
				3. Date Incorporated or Qualified 07/28/1995	3a. Date of Last Report 01/24/1996				
2. Principal P	lace of Business	2a. Mailing Address	······································			4. FEI Number			pplied For
<u>a</u>		26	26			59-3327964	/	N.	ot Applicabl
Suite, Apt #, etc		Surte, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 3		City & State				6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to			
Zip	Country	Z·p	Cou	intry		8. This corporation has liability for			s. 199.032,
<u> </u>	25	29	30					No No	
	9. Name and Address of Currer	nt Registered Agent		ļ.,,		10. Name and Address of New Re	gistered	Agent	
MOF	rgan, ultima d			81	Name				
315	ROBINSON STREET					ress (P.O. Box Number is Not Acceptat	le)		
	TE 600								
ORL	ANDO FL 32801								
				64	City		FL	85 Zip	Code
44 5	100707	10 - 1001 (100 f) - 1 01		Щ		poration submits this statement for the			
agent La SIGNATURE						tion's board of directors. I hereby acce			
12.	Signature, type dior professionane of registered age OFFICERS AN	D DIRECTORS	13.	d Age	int signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS ANI	DIRECTO	RS IN 12
IITLE	D	DELETE	111	TLF		7,007,017,11020 10 0711	72.10741	Change	Additio
IAME	DEATRICK, PAUL J		12 N						
TREE1 ADDRESS	2008 TAYLOR AVENUE		138	TAFET	address				
CITY-ST-70°	WINTER PARK FL 32792				T-ZIP				
ITLE		DELETE	211					Change	Addite
NAME .			2.2 N	AME	Į				
STREET ADDRESS			2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			2 4 0	SITY-S	ST-ZIP				
TITLE		DELETE	3.1 1	ITLE				Change	Additio
IAME			3.2 N	AME	İ				
STREET ADORESS			3.3 5	TREET	ADDRESS				
DITY-ST-ZIP			3.4 (DITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 1	ITLE				Change	Additio
NAME			4 2 1	NAME					
street address			435	TREET	ADDRESS				
CITY - ST - ZIP			440	IIY-S	T-ZIP				
TITLE		☐ DELETE	511	ITLE				Change	Additio
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREFT	ADDRESS				
CHTY-SI-ZIP			5.4 C	ITY - S	T-ZIP				
TITLE		DELETE	6.1 1	ITLE				Change	Additio
NAME			6.2 N	AME	-				
STREET ADDRESS			635	TREFT	ADDRESS				
CITY-ST-ZIP			64C	ITY-S	11 - 71P				

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 altachment with an address.

SIGNATURE:

Parly Dentich PAUL J. DEATRICK, DIRECTOR
DIRECTOR
DIRECTOR

TOR 1/7/97 407-678-3942