

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062019 (1)

1. Corporation Name

FOUR WOOD CONSULTING GROUP INC.



Principal Place of Business

5022 NORTHWEST 82ND TERRACE
CORAL GABLES FL 33067

Mailing Address

5022 NORTHWEST 82ND TERRACE
CORAL GABLES FL 33067

3. Date Incorporated or Qualified

08/10/1995

3a. Date of Last Report

12-31-95

2. Principal Place of Business

2a. Mailing Address

21 10258 W. Sample Rd
Suite, Apt. #, etc.

26 5022 NW 82 TER
Suite, Apt. #, etc.

4. FEI Number

62-1613308

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

23 City & State
CORAL SPRINGS

28 City & State
CORAL SPRINGS

24 Zip 33065 25 Country PERMAD

29 Zip 33067 30 Country Brazil

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

DANIEL B. CAROBIANCO

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

867 NW 81 TERR

83

PLANTATION, FL 33324

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

Thomas V. Ryan

Signature typed or printed name of officer, director, or registered agent

(NOTE: Registered Agent signature required when removing agent)

4-5-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, SHERRY M	
STREET ADDRESS	5022 NORTHWEST 82ND TERRACE	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, THOMAS J	
STREET ADDRESS	5022 NORTHWEST 82ND TERRACE	
CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Thomas V. Ryan THOMAS V. RYAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 954-752-7571

Date

Corporate Phone #

CR2E034 (12/95)