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Jan 24 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 # P95000062019 (1)

1. Corporation Name

FOUR WOOD CONSULTING GROUP INC.

Principal Place of Business

10258 W SAMPLE RD  
CORAL SPRINGS FL 33065  
US

Mailing Address

5022 NW 82 TER  
CORAL SPRINGS FL 33067-2811  
US

3. Date Incorporated or Qualified  
08/10/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 10193 NW 31 ST

Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 10193 NW 31 ST

Suite, Apt. #, etc.

27 City & State

28 CORAL SPRINGS FL

Zip

29 33065

Country

30 USA

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

9. Name and Address of Current Registered Agent

CAPOBIANCO, DANIEL G  
887 NW 81 TERR  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

THOMAS J. RYAN

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

83

5022 NW 82 TER

84 City

CORAL SPRINGS

FL

85 Zip Code

33067

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, 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 fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME RYAN, SHERRY M  
STREET ADDRESS 5022 NORTHWEST 82ND TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE D  
NAME RYAN, THOMAS J  
STREET ADDRESS 5022 NORTHWEST 82ND TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Thomas J. Ryan Thomas J. Ryan

1/16/97

954-752-7571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)