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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

UW 31ST

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63 84 Name

DOCUMENT # P95000062019 (1)

FOUR WOOD CONSULTING GROUP INC.

CAPOBIANCO, DANIEL G

PLANTATION FL 33324

867 NW 81 TERR

10258 W SAMPLE RD **CORAL SPRINGS FL 33065** IIS

22

Principal Place of Business

Mailing Address

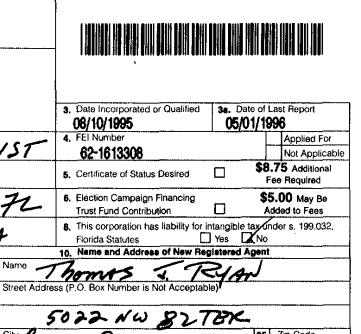
26

g. Name and Address of Current Registered Agent

5022 NW 82 TER CORAL SPRINGS FL 33067-2811

10193

FILED Jan 24 1997 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation subnits this statement for the purpose of changing its registered office or registered (igent or both, in the State of Element Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registered agent. It am familiar cutty and accept the observations of Section 607.0505, Florida Statutes. agent Lam familiar SIGNATURE (NO1E: Registered Agent signature required when reinstating) OFFICERS AND LUNECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE D 1.1 TITLE NAME RYAN, SHERRY M 1.2 NAME CR2E034 **5022 NORTHWEST 82ND TERRACE** 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33067** 1.4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition TILE 2.1 TITL€ RYAN, THOMAS J NAME 2.2 NAME **5022 NORTHWEST 82ND TERRACE** STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL 33067 2. 4 CITY-ST-ZIP CITY-ST DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHIT-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition THLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Ido 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 composition 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 E

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-\$1-ZIP