


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P960000646150(4)
1. Corporation Name
Four Brothers Investors Group, Inc.

Principal Place of Business
3250 MARY STREET
SUITE 100
COCONUT GROVE FL 33133

Mailing Address

3. Date Incorporated or Qualified 5/30/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dresner, Jack
3250 MARY ST.
SUITE 100
COCONUT GROVE, FL 33133

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	Dresner, Jack M	1.2 NAME	
STREET ADDRESS	3250 MARY ST. #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	1.4 CITY-ST-ZIP	
TITLE	30	2.1 TITLE	
NAME	SHAPIRO, IRA	2.2 NAME	
STREET ADDRESS	170 SEELEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COHEN, CT 06230	2.4 CITY-ST-ZIP	
TITLE	JD	3.1 TITLE	
NAME	Dresner, Michael	3.2 NAME	
STREET ADDRESS	302 CRIPPLE RIDGE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	SHAPIRO, Michael	4.2 NAME	
STREET ADDRESS	195 WOODBURN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON, VA 23664	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)

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ms/b
\$BANK

7/28/97 (315) 441-8152