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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1998 8:00am

Secretary of State

14197 BOX 1441-8152

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000046150 (4)

FOUR BROTHERS INVESTORS GROUP, INC.

Principal Place of Business Mailing Address				
3250 MARY STREET SUITE 100 COCONUT GROVE FL 33133		3250 MARY STREET SUITE 100 COCONUT GROVE FL 33133		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/30/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65 - 0 108 1685 Applied For
21		26		APPLIED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulted Fee Regulted
City & Stat	e	City & State		Election Campaign Financing \$5.00 May Be
23	<u> </u>	28	1 0	Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	Country	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[24]	g. Name and Address of Curren	29 29 Agent	30	10. Name and Address of New Registered Agent
	50 MARY STREET	1 3	82 Street Add	DRESNER, JA CK dress (P.O. Box Number is Not Acceptable)
,	ITE 101		511eet Aut	iless (r.O. Box Number is Not Acceptable)
	CONUT GROVE FL 33133		83	
			84 City	FL 85 Zip Code
44 Dureuent	to the provisions of Sections 607 050	2 and 607 1609 Florido Statu	too the above period cor	
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	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requ	pired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	Dresner, Jack M		1.2 NAME	
STREET ADDRESS	3250 MARY STREET #100		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		1 4 CITY-ST-ZIP	
TITLE	SD (D)	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, IRA		2.2 NAME	
STREET ADDRESS	170 SEELEY ROAD		2.3 STREET ADDRESS	
CITY-ST-2IP TITLE	GOSHEN CT 06756 TD	DELETE	2.4 CITY - ST - ZiP 3.1 TITLE	☐ Change ☐ Addition
NAME	DRESNER, MICHAEL	בין סכנבונ	3.2 NAME	Change — Addition
STREET ADDRESS	302 CROOKED RIDGE COURT	r	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 33065	'	3.4. CITY-ST-ZIP	
TITLE	VD	DELETE	4.1 TITLE	Change Addition
NAME	SHAPIRO, MICHAEL		4. 2 NAME	
STREET ADDRESS	105 WOODBUEN DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON VA 23664		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T or re-	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	ertify that the inflarmation cumplied wi	th this filing does not qualify f	or the exemption stated in	Section 119 07(3)(i) Florida Statutes I further certify that the information
indicated on this annual leport or supplemental annual report is true accurate and that my signature shall have the same legal effect as if made under oath; that I am an				
14. I 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 leport or suppliencing 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 dorporation or the receiver or trusted 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 address.				