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

DOCUMENT # P96000096036 (4)

FOUR BYE FIVE, INC.

Principal Place of Business

Mailing Address

FILED

97 JUL II AM II: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| This part does of Basiless | | | | | | | |
|--|--|----------------------|--|--|---|--|--|
| 8000 WEST SA MARGATE FL 3 | | | | | | | |
| | | | | 3. Date Incorporated or Qualified 11/19/1996 | 3a. Date of La | ast Report | |
| 2. Principal P | Place of Business 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 800 | D West July Rd 26 0/A | | | 165.071945 | み 「 | Not Applicable | |
| Suite, Apt. | #, etc. Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8. | 75 Additional | |
| 27 | | | | Fee Hequired | | | |
| City & State City & State City & State A City & State A | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 24 330(| | Countr | 5/1 | | Yes 🗌 No | der s 199 032, | |
| | 9, Name and Address of Current Registered Agent | | l Alazor | 10. Name and Address of New Reg | istered Agent | | |
| MAZZELLA, ANTOUT | | | | 81 Name | | | |
| 8000 WEST SAMPLE ROAD MARGATE FL 33065 | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | |
| | . | 84 | City | | FL 85 | Zip Code | |
| l office or r | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes registered agent, or both, in the State of Florida, Such change was au | uthorized b | v the corpora | poration submits this statement for the pation's board of directors. I hereby accept | urpose of chang t the appointmen | ing its registered of as registered | |
| agent. La | and familiar with, and accept the obligations of, Section 607.0505, Flori | ida Statute | s. | | | ļ | |
| SIGNATURE | Signature typed or printed name of registered agent and the if applicable (NOTE: | Banishered An | ont sonahun ten | uncd when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | 13. | Kill Biginital It of | ADDITIONS/CHANGES TO OFFIC | | CTORS IN 12 | |
| TITLE | | 1.1 100.6 | | | Cha | | |
| NAME | BUNDANA MAINS CON 30 | 1.2 NAME | ļ | | | | |
| STREET ADDRESS | 4000 WEST SUMPLY NO | | 1 ADDRESS | 0000022 | 23868 | n9 | |
| CITY-ST-ZIP | MANCA 16 PL 33065 | | ST-ZIP | -07/15/9701074011 ****165.00 [****165]80000 | | | |
| TITLE | and unasched TD DELETE | 2 1 TITLE | 31-21 | ****15 | <u>ຮັກດ ກິສັສ</u> | Mark E.S. Addition | |
| NAME | ANAL WEST SUNK NO | | | | | | |
| STREET ADDRESS | MARGATE ICL 33061 | 1 | 1 ADDRESS | | | | |
| CITY-ST-ZIP | 1 1/2 0010 10 11 0 00000 | 2.4 CITY - | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | 31.511 | | Cha | ange Addition | |
| NAME | | 3.2 NAME | | | | | |
| STREET ADDRESS | | 1 | 1 ADDRESS | | | Ì | |
| CITY-ST-ZIP | | 3.4. CITY- | | | | | |
| TITLE | DELETE | 4.1 TITLE | 01-10 | | Cha | inge Addition | |
| NAME | | 4. 2 NAME | | | | | |
|) | | 1 | 1 ADDRESS | | | ļ | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | DELETE | 4.4 CITY - 5.1 TITLE | 51- ZIF | | Che | ange Addition | |
| | | | | | VM CUS | *igo [i rioumio:1 | |
| NAME . | | 5.2 NAME | - 1 | | | 1 111 | |
| STREET ADDRESS | | | T ADDRESS | | | 14-11 | |
| CITY-ST-ZIP | T priett | 5.4 CITY-1 | S1-ZIP | | —— ——————————————————————————————————— | Non Addition | |
| TITLE | [] DELFTE | 61 TITLE | | | ∟, cna | nge L_1 Addition | |
| NAME | | 62 NAME | | | | ļ | |
| STREET ADDRESS | | 6.3 STREE | 1 ADDRESS | | | ļ | |
| CłTY-ST-ZIP | | 6.4 CITY | | | | | |
| 14 Ido horel | by certify that the information supplied with this filing does not qualify | for the eve | emption state | ed in Section 119 07(3)(i). Florida Statutes | I further certify. | that the | |

4. 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 cerevore 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 or changed, or on an attachment with an address.

ICHATURE X FACTORING CONTRACTOR POR 5/2 /6