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PROFIT CORPORATION ANNUAL REPORT 1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S22616

(4)

FOUR O FOUR CORPORATION

Dais- in all Dans	40			<del></del>			#151 #1811 #P#11		
Principal Place		Mailing Address					mitt miller mråter	******	II WIWII 1891
% GEORGE AS			% GEORGE ABBOTT 1285 SOUTH OCEAN BLVD.						
1285 SOUTH ( PALM BEACH		PALM BEACH FI		1					
US	14 00100	US		•		3. Date Incorporated or Qualifie	d <b>3a.</b> Da	ite of Last i	Report
						12/31/1990	03/	20/1996	
2. Principal Pl	lace of Business	2a. Mailing Add	ress			4. FEI Number	······································	Α	pplied For
21	THE TAX AND	26				65-0245948		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional
City & State		27 Cit. 8 Cit.							equired
´	8	City & State				6. Election Campaign Financing			May Be
<b>23</b> Zip	Country	28 Zip		Country		Trust Fund Contribution			to Fees
24	25	29	30	¬ ′		<ol> <li>This corporation has liability f Florida Statutes</li> </ol>		tax under: • No	s. 199.032,
	9. Name and Address of Curr		31	<u> </u>		10. Name and Address of New			·
ARR	BOTT, GEORGE			81	Name				
	5 SOUTH OCEAN BLVD			82					
	M BEACH FL 33480				Street Addr	dress (P.O. Box Number is Not Acceptable)			
TAL	IN DESCRIPTE COTO			63				······································	
				84	City	1	FL	<b>85</b> Zip	Code
11. Pursuani t	to the provisions of Sections 607.0	502 and 607,1508, Flori	ida Statutes.	the above	-named corr	poration submits this statement for th	e nurnace of	changing	ts registered
ornce or re	egistered agent, or both, in the Sta m familiar with, and accept the obt	ile of Florida. Such char	nne was auti	harizad hu	the cornerst	tion's board of directors. I hereby ac	cept the app	ointment as	registered
ago. it. i ai	and accept the con	igations of pection por	.0000, 710110	aa Statutos	•				
CIONIATUION									
SIGNATURE	Signature, typed or printed name of registored	agent and title if applicable	(NOTE: R	Registered Age	nt signature requi	red when reinstating)	DATE	***************************************	
		agent and tille if applicable	(NOTE: R	Registered Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
		ND DIRECTORS	(NOTE: R DELETE		nt signature requi			DIRECTO	
12.	OFFICERS A	ND DIRECTORS		13.	nt signature requi				
12. TITLE	OFFICERS A	ND DIRECTORS		13. 1.1 TITLE					
12. TITLE NAME	OFFICERS A PVD ABBOTT, GEORGE	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME	ADDRESS				
12. TITLE NAME STREET ADDRESS	OFFICERS A PVD ABBOTT, GEORGE 1285 S. OCEAN BLVD.	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE1	ADDRESS				AS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PVD ABBOTT, GEORGE 1285 S. OCEAN BLVD. PALM BEACH FL	AND DIRECTORS	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE1 1.4 CITY-S	ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	PVD ABBOTT, GEORGE 1285 S. OCEAN BLVD. PALM BEACH FL ST	AND DIRECTORS	ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE1 1.4 CITY-S 2.1 TITLE	ADDRESS 1-21P	ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition
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