

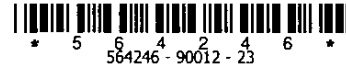
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90012 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F9500000306 OK2**
1. Corporation Name
Forum, INC



Principal Place of Business Mailing Address

**214 N. LEXINGTON AVENUE
PITTSBURGH PA 15208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/86

4. FEI Number

22-1985528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal
Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21. **PITTSBURGH**

Suite, Apt. #, etc.

22. **-**

City & State

23. **-**

Zip

Country

24. **-**

25. **-**

2a. Mailing Address

26. **SAME PER ABOVE**

Suite, Apt. #, etc.

27. **-**

City & State

28. **-**

Zip

Country

29. **-**

30. **-**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORMAN GARRET
5826 N.W. 24TH TERRACE
THE CLOISTERS OF BROKEN SOUND
BOCA RATON FL 33496**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. **-**

84. City

FL

85. Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **NORMAN GARRET**
STREET ADDRESS **5826 N.W. 24TH TERRACE**
CITY - ST - ZIP **BOCA RATON FL 33496**

TITLE **VP OF SALES** ☐ DELETE
NAME **DON DZIUBATY**
STREET ADDRESS **214 N. LEXINGTON AVENUE**
CITY - ST - ZIP **PITTSBURGH PA 15208**

TITLE **-** ☐ DELETE
NAME **-**
STREET ADDRESS **-**
CITY - ST - ZIP **-**

TITLE **-** ☐ DELETE
NAME **-**
STREET ADDRESS **-**
CITY - ST - ZIP **-**

TITLE **-** ☐ DELETE
NAME **-**
STREET ADDRESS **-**
CITY - ST - ZIP **-**

TITLE **-** ☐ DELETE
NAME **-**
STREET ADDRESS **-**
CITY - ST - ZIP **-**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS ☐ Change ☐ Addition
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS ☐ Change ☐ Addition
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS ☐ Change ☐ Addition
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: **NORMAN GARRET** PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (412) 244-8780