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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
***Katherine Harris***
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G07002**

1. Corporation Name
**FORVEN SALES CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| % JEFFREY KRANE<br>6505 SWEET MAPLE LANE<br>BOCA RATON FL 33433 | % JEFFREY KRANE<br>6505 SWEET MAPLE LANE<br>BOCA RATON FL 33433 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/03/1982

4. FEI Number: 59-2254414 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 | 2a. Mailing Address |
|---|---|
| 21 6791 NEWPORT LAKE CIRCLE | 6791 NEWPORT LAKE CIRCLE |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: BOCA RATON, FL | 28 City & State: BOCA RATON FL |
| 24 Zip: 33496 25 Country: U.S.A. | 29 Zip: 33496 30 Country: U.S.A. |

**9. Name and Address of Current Registered Agent**

KRANE, JEFFREY
6505 SWEET MAPLE LANE
BOCA RATON FL 33433

**10. Name and Address of New Registered Agent**

81 Name: JEFFREY KRANE
82 Street Address (P.O. Box Number is Not Acceptable): 6791 NEWPORT LAKE CIRCLE
83
84 City: BOCA RATON FL 85 Zip Code: 33496

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KRANE, JEFFREY<br>6505 SWEET MAPLE LANE<br>BOCA RATON, FL 00000 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>KRANE, JEFFREY<br>6791 NEWPORT LAKE CIRCLE<br>BOCA RATON, FL 33496 | Address ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KRANE, ROXANA<br>6505 SWEET MAPLE LN.<br>BOCA RATON FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | S<br>KRANE, ROXANA<br>6791 NEWPORT LAKE CIRCLE<br>BOCA RATON, FL 33496 | Address ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (11/98)

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:** Jeffrey H. Krane JEFFREY H. KRANE 3/8/99 561-241-5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #