

ACCOUNT NO. : 072100000032

REFERENCE :

880549

5010161

AUTHORIZATION :

COST LIMIT

ORDER DATE: July 6, 1998

ORDER TIME : 9:45 AM

ORDER NO. : 880549

CUSTOMER NO: 5010161

CUSTOMER: Allison Forrester, Legal Asst

Post & Heymann

100 Jericho Quadrangle

Suite 214

Jericho, NY 11753

400002581514--9

CHANGE OF AGENT

NAME: FOREST PROPERTIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest

Florida Department of State, Sandra B. Mortham, Secretary of State

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CR2E045(3/96)

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of	f sections 607.0502, 617.0502, 607	1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the State of Florida		
submits the following statement in order to change its registered office or registered agent, or both, in the		
State of Florida.		
1. The name of the corporation forest properties, 1		,
2. The mailing address of the	corporation is: 5527 N. MILITARY	TRAIL
BOCA RATON, FL 3349	6	
3. Date of incorporation/qual	fication: June 9, 1983 D	ocument number: G42938
4. The name and address of the	ne current registered agent and office:	7X5 98
NRAI	-	
526 EAST P	ARK AVE.	
TALLAHASSE	E, FL 32301	STATE
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
Corporation	n Service Company	S5
1201 Hays	Street	On A
Tallahasse	e, FL 32301	
The street address of its regiagent, as changed, will be it	stered office and the street address lentical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Anth. Male		
(Signature of an officer chairman or vice chairman of the board) (Date)		
. Arthur N Queler		6/22/9/
Uning been nomed as real	or typed name and title) stered agent and to accept service of t the appointment as registered age th the provisions of all statutes relo nd I am familiar with and accept th	(Date) If process for the above stated Int and agree to act in this capacity. It ive to the proper and complete It is obligation of my position as
Corporation Service Cor	Viche Schreche	7/6/98
(Signature of Regi	stered Agent)	(Date)
If signing on behalf of an entity:		
Vicki Schreiber		Assistant Vice President
(Typed or Printed	Name)	(Capacity)