

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90012 029 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P33869**

1. Corporation Name
FORWARD FINANCIAL COMPANY



Principal Place of Business
 360 CHURCH ST.
 NORTHBORO MA 01532

Mailing Address
 360 CHURCH ST.
 NORTHBORO MA 01532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
11 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/07/1991	
12 City & State		27 City & State		4. FEI Number	
13 Zip		28 Zip		04-2590778	
Country		Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MURPHY, RONALD T 4740 CLEVELAND HEIGHTS BLVD., LAKELAND FL 33813				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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

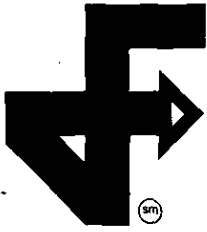
2. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCST	<input type="checkbox"/> DELETE		1.1 TITLE	CST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEFEUDIS, GENE J.			1.2 NAME			
STREET ADDRESS	63 CHERRY ST.			1.3 STREET ADDRESS			
CITY-STATE-ZIP	NORTHBORO MA 01532			1.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEFEUDIS, GENE J.			2.2 NAME			
STREET ADDRESS	63 CHERRY ST.			2.3 STREET ADDRESS			
CITY-STATE-ZIP	NORTHBORO MA			2.4 CITY-STATE-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGEE, SHAUN W			3.2 NAME			
STREET ADDRESS	31 WACHUSETT VIEW DRIVE			3.3 STREET ADDRESS			
CITY-STATE-ZIP	WESTBORO MA 01581			3.4 CITY-STATE-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLEN, JOHN D.			4.2 NAME			
STREET ADDRESS	208 MAIN STREET			4.3 STREET ADDRESS			
CITY-STATE-ZIP	MEDWAY MA			4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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.

SIGNATURE:

John D. Mullen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7-6-99 Daytime Phone #: 508-393-5300

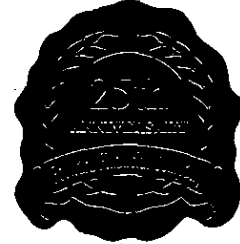
CR2E034 (5/99)



FORWARD FINANCIAL COMPANY

360 Church Street • Northboro, Massachusetts 01532 • (508) 393-5300
Web Site > <http://www.forwardfinancial.com>

P33869
585116-90012-29



July 6, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 1999 Annual Report

Ladies and Gentlemen:

Enclosed please find our Profit Corporation 1999 Annual Report together with our check payable to the Department of State in the amount of \$550.00.

If you have questions or require further information, kindly contact me at your convenience.

Very truly yours,


John D. Mullen
Senior Vice President

enclosures