

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P40201 (6)
 1. Corporation Name
FOREST EDP SYSTEMS, INC.



Principal Place of Business: 8383 BOCA GLADES BLVD. E. BOCA RATON FL 33434
 Mailing Address: 8383 BOCA GLADES BLVD. E. BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
08/26/1992

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25		29
26		30

4. FEI Number: **56-1392362**
 Applied For: 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**RIPPY, CAROLYN J.
 8383 BOCA GLADES BLVD. E.
 BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
 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 607.0592 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: *Carolyn J. Rippy* 7/23/98
 Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RIPPY, CAROLYN J.	
STREET ADDRESS	8383 BOCA GLADES BLVD. E.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIPPY, JESSIE R	
STREET ADDRESS	8383 BOCA GLADES BLVD E.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMRICK, JANE R.	
STREET ADDRESS	HAYNES BRIDGE ROAD	
CITY-ST-ZIP	MOORESBORO NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *Sandra B. Mortham* (1360) *Carolyn J. Rippy* (1360) 561-483-9961

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Forest EDP Systems, Inc.

*8383 Boca Glades Blvd. East
Boca Raton, FL 33434-4025*

Voice (561) 483-9966
FAX (561) 883-1494
E-Mail ForestEDP2@aol.com

July 13, 1998

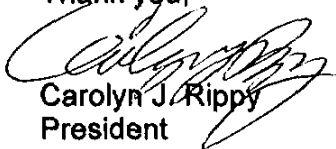
Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Docket Number P40201, FEI – 56-1392362
Second Notice was First Received

Enclosed you will find the amount for the annual filing fee. I called today and was told to write a letter detailing that the "second notice" was the first notice that we have received. Our mailman had knee surgery this spring when this mail was most likely delivered to the wrong address.

Per the assistant in your office, I am writing this letter to respectfully request that the penalty be waived since our firm has been in good standing.

Thank you,


Carolyn J. Rippe
President