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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000051876 (6)
1. Corporation Name
FORSTER ASSOCIATES, INC.



Principal Place of Business Mailing Address
~~54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483~~ ~~54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483-4529~~

| | | | | | | | |
|--|-------------------------|---|-------------------------|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | 2610 Ponce de Leon Blvd | 26 | 2610 Ponce de Leon Blvd | 06/18/1996 | | | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| | | | | 65-0677872 | | Not Applicable | |
| 23. City & State Coral Gables, Florida | | 28. City & State Coral Gables, Florida | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 24. Zip 33134 | | 25. Country USA | | 29. Zip 33134 | | 30. Country USA | |
| 6. Election Campaign Financing Trust Fund Contribution | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| | | | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

9. Name and Address of Current Registered Agent
COHEN, JEFFREY L
~~54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483~~

10. Name and Address of New Registered Agent

| | |
|---|-------------------------|
| 81 Name | JOHN J. Keenoy III |
| 82 Street Address (P.O. Number is Not Acceptable) | 2610 Ponce De Leon Blvd |
| 83 | |
| 84 City | Coral Gables FL |
| 85 Zip Code | 33134 |

11. Pursuant to the provisions of Sections 607.02 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]* President 5/9/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KEENOY, JOHN J JR | |
| STREET ADDRESS | 224 OAK FOREST DR. | |
| CITY-ST-ZIP | SMYRNA GA 30082 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KEENOY, JOHN J III | |
| STREET ADDRESS | 224 OAK FOREST DR. | |
| CITY-ST-ZIP | SMYRNA GA 30082 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KEENOY, KELLY D | |
| STREET ADDRESS | 224 OAK FOREST DR. | |
| CITY-ST-ZIP | SMYRNA GA 30082 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2610 Ponce de Leon Blvd |
| 2.4 CITY-ST-ZIP | Coral Gables, Florida 33134 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 2610 Ponce de Leon Blvd |
| 3.4 CITY-ST-ZIP | Coral Gables Florida 33134 |
| 4.1 TITLE | <input type="checkbox"/> Change <input 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 | |

14. I do 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: *[Signature]* 4/17/97 444-4637

CR2E034 (9/96)