

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L05979** (4)
1. Corporation Name
FORNS DESIGN & CONSTRUCTION, INC.



Principal Place of Business 4413 W. ALVA STREET TAMPA FL 33614	Mailing Address 4413 W. ALVA STREET TAMPA FL 33614
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5504 Executive Drive Suite, Apt. #, etc.		2a. Mailing Address 26 5504 Executive Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/31/1989	
22 City & State 23 Tampa, Florida		27 City & State 28 Tampa, Florida		4. FEI Number 59-2965460	
24 Zip 33609		25 Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33609		27 Country Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FORNS, JOSE JR 4413 W ALVA STREET TAMPA FL 33614-4638				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name Jose Forns, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 5504 Executive Drive Tampa, Florida 33609 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORNS, JOSE JR		1.2 NAME Jose Forns Jr.	
STREET ADDRESS 4413 W ALVA STREET		1.3 STREET ADDRESS 5504 Executive Drive	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, Florida 33609	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORNS, SUSAN		2.2 NAME Susan Forns	
STREET ADDRESS 4413 W ALVA STREET		2.3 STREET ADDRESS 5504 Executive Drive	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, Florida 33609	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORNS, SUSAN		3.2 NAME Susan Forns	
STREET ADDRESS 4413 W ALVA STREET		3.3 STREET ADDRESS 5504 Executive Drive	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Tampa, Florida 33609	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 4/15/98

CR2E034 (10/97)