## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

**DOCUMENT #** 

(1)

FOREST ACRES, INC.

Principal Place of Business Mailing Address											
3034 N. KING P. O. BOX 10		3034 N. KINGS HWY. P. O. BOX 1029									
VERO BEACH FL 32961		VERO BEACH FL 32961			3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995						
2. Principal Plac	e of Business	2a. Maling Address				4. FEI Number Applied For					
	12th Street	26 P.O. Box 1029			59-1237832 Not Applicate						
Suite, Apt. #, etc.		Suite, Apt. #, etc				5. Certificate of Status Desired			75 Addition		
City & State		City & State				6. Election Campaign Financing	П	,	<b>.00</b> May		
Vero Beach, FL		28 Vero Beach, FL				Trust Fund Contribution					
Zip Country		Zip		Country		8. This corporation has liability for intangible tax under s 199.032,					
a 32960 25		29 32961				Florida Statutes X Yes No  10. Name and Address of New Registered Agent					
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New I	legister	ed Agent			
		<del></del>		81	Name						
DEDOT	ONE, PAUL C.		82		Street Addr	fress (P.O. Box Number is Not Acceptable)					
	TH STREET, SUITE D										
333 1/1	OFFICE BOX 310			83							
				84	City			85	Zip Code		
	BEACH FL 32960			_		oration submits this statement for the pu and of directors. I hereby accept the app		- L			
	Signature, typed or printed himse of representation	era artschape and IN ND DIRECTORS	Mt Rogitals 13.	i Ager	to pult its implies	ADDITIONS/CHANGES TO OF	DAT FICERS	AND DIRE	CTORS IN	12	
12.	PD	DELETE	1 1 1	TITLF				Char	nge 🔲 A	Addition	
NAMÉ	STINSON,G. SIDNEY		12M								
	6880 16TH ST.		135	THEFT	ADDRESS						
STREET ADDRESS	VERO BEACH FL		140	ITY - S	ST-ZIP						
CITY-ST-ZIP TITLE	SD SD	DELETE	2.1	TIFLE				☐ Cha	nge L A	Addition	
NAME	STINSON, GENEVA		5.5 k	AM:							
STREET ADDRESS	6880 16TH ST.		235	STREET	LADORESS						
CITY-ST-ZIP	VERO BEACH FL		240	DHY-S	ST-ZIP			E-1 0h-		Addition	
TITLE	TENO DENOVINO	☐ DELETE	3 1	TIFLE				☐ Cha	nge	Addition	
NAME			3.21	NAME							
STREET ADDRESS			3.3	SIREE	1 ADDRESS						
CITY-ST-ZIP					ST · ZIP			Cha	ange 🗖	Addition	
TITLE		DEFEIE	•	TITLE					g» []		
NAME				NAME							
STREET ADDRESS					1 ADDRESS						
CITY - SI - ZIP					ST-ZIP			Chi	ange 🗀	Addit:on	
TITLE		☐ DELETE	1	HILE	1				, _		
NAME				NAME	ļ						
STREET ADDRESS					ET ADDRESS						
CITY-S1-ZIP		CODECTE		CHY- THLE	ST-ZIF			Ch Ch	ange 🔲	Addition	
TITLE		☐ DEL€ IE			l l						
NAME				NAME	1						
PARCES ADORESE	1		■ 63	STREE	ET ADDRESS						

64 CITY - ST - ZIF

SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 Brock 13 if changed, or on an attachment with an address 5-16-96 407-567-4456