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

DOCU 1. Corporation	MENT	# 5	52087	•	(9)						-				
THE FORMAN ORGANIZATION, INC.															
Principal Place	of Busines	Ma	Mailing Address						-  1 LABO(O) OYURI OYUKU IY						
5600 GULF BLVD. ST PETERSBURG BEACH FL 33706				5600 GULF BLVD. ST PETERSBURG BEACH FL 33706											
											3. Date Incorporated or	r Qualified	<b>3a</b> . Da	ite of Las	st Report
											11/29/1977			04/11/	
Principal Place of Business     Principal Place of Business				2a. Mailing Address						4. FEI Number 59-2905178				Applied For	
Suite, Apt. #, etc.					Suite, Apt. #, etc.								<del></del>	\$8	Not Applicable 75 Additional
22				27						5. Certificate of Status	Desired			ee Required	
City & State				City & State					6. Election Campaign F Trust Fund Contribut	_			.00 May Be		
Zip	Country			Zip			Country				8. This corporation has		intangible I		
24	o Name	25 And Address	s of Current	29 Regist	ered Agent	30	I	<u>.</u>			Florida Statutes		XX No		
				109.0	orea rigorit		6	31	Name		10. Name and Address	OI NOW H	registered	Agent	
Fortune, Jeffery L									Street	ery.	Pryl H. Andrews Address (P.O. Box Number is Not Acceptable)				
5600 GULF BLVD ST PETERSBURG BEACH FL 33706								32			O Gulf Boulevard				
SI PEIE	RSBURG	BEACH FL	33706				8	33							
•							8	14	City				F**1	85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the all or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of Section 607.0505. Florida Statutes.									St.J med ça	Pet proporate	ersburg Bear	ch	pose of ch	angiog i	33706
or register familiar wit	ed agent, or th, and acce	both, in the s pt the obligat	State of Florida. ons_of, Section	. Such i 607.0	change was authoriz 2505, Florida Statutes	red by s.	the co	rpo	ration's	board	of directors. I hereby acce	pt the app	ointment a	s registe	red agent. I am
SIGNATURE		unt III	alus				[_ A	n	dres	<b>75.</b>	Vice Presid	X dent	2/1	Mai	/
, 12.	Signatore, typed		registered agent and FICERS AND [			OTE: Reg	pistered Ap	gent :	signature ri	equired v				11 44	7056
TITLE	PD				DELETE		1. 1 TITL	E			ADDITIONS/CHANGE	S TO OFF		Change	
NAME	FORTUNE, JEFFREY L.			-			1.2 NAME								,
STREET ADDRESS		ULF BLVD.	,				1.3 STRE	A 13	Doress						
CITY-ST-ZIP TITLE	ST	E BEACH F	<u> </u>	- · · · · -	DELETE		1.4 CITY		ZIP						
NAME		NE, JOAN A			X) DELETE	f	2. 1 TITU 2.2 NAMI						ļ	Chang	ge [] Addition
STREET ADDRESS	5600 GULF BLVD.							2.3 STREET ADDRESS							
CITY-ST-ZIP	ST PETI	E BEACH F	L				24 CHY								
TITLE	٧				☐ DELETE		3. 1 TITL	E		C/1	P/AS/D			Chang	ge Addition
NAME	SHERMAN, RICHARD E.				3.						chard E. She	erman	•	\A	
STREET ADDRESS	AT AFTERABLINA DELAL EL							3.3. STREET ADDRESS 56			00 Gulf Boul	03727	đ		
CITY-ST-ZIP TITLE	VAS	Enobuna	DEAUTI FL		DELETE		3.4 CITY -	_	ZIP	-St-	Petersburg-	Beac	h <del>, F</del> I	<del>പ 3</del> 3	706
NAME		NS, SHERY	LH			- 1	4.2 NAME						>	r <b>x</b> chang	te [] Addition
STREET ADDRESS		JLF BOULE					4.3 STREE		OORESS	She	eryl H. Andr	ews	•		•
CITY-ST-ZIP	ST PET	ersburg e	EACH FL				4.4 CITY	\$1-	ZIP	200	00 Gulf Boul	evar	a h br	227	0.0
TITLE					DELETE		5. 1 TITLE	E		DC	Petersburg	<del>Deav.</del>	11 A E TO	Chang	Addition
NAME CIRCULADEDECC							5.2 NAME		ĺ						
STREET ADDRESS CITY-ST-ZIP						1	5.3 STREE								
TITLE					DELETE		5.4 CITY- 6. 1 TITLE		ZIP					Chang	e Addition
NAME							6.2 NAME				50000	175	52Oi	65	~ □ Muniton
STREET ADDRESS							6.3 STREE		DDRESS		-03/21/96	6010	220	05	anna
CITY-ST-ZIP		T					64 CITY-	ST-	71P		***200.00	)			The standing
COLLIN TRAL	uno miormai	KOD INCIGATEO	on this annual i	renort i	or subblemental anni	uai ror	nout le fi	ri IO	and acc	ourata.	the exemption stated in Se and that my signature shall	بمطاحة وينحط لا		-44	
					he receiver or trusted chment with an addr		owered	l to	execute	this r	eport as required by Chapi	ter 607, Flo	orida Statut	es; and	that my harne
	X	11.									· Aliz	10			

SIGNATURÉ:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)562-1202

Daytime Phone #

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