

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **653823** (5)

1. Corporation Name

H.P. FORREST, ESQ. AND ASSOCIATES, P.A.



Principal Place of Business

**1541 BRICKELL AVE. APT A1801
MIAMI FL 33129**

Mailing Address

**1541 BRICKELL AVE. APT A1801
MIAMI FL 33129**

3. Date Incorporated or Qualified

02/01/1980

3a. Date of Last Report

01/13/1995

4. FET Number

59-1965774

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Sub. Apt. #, etc.

26. Sub. Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Sub. Apt. #, etc.

25. Country

29. Sub. Apt. #, etc.

30. Country

9. Name and Address of Current Registered Agent

**FORREST, H. P.
1541 BRICKELL AVE
APT A1801
MIAMI FL 33129**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

NAME	PD FORREST, H. P.	☐ DELETE
STREET ADDRESS	1541 BRICKELL AVE. #1801	
CITY, ST, ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. TITLE	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	
22. TITLE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed or on an affidavit with an address.

SIGNATURE:

H.P. Forrest, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (305) 856-4008

CR2E034 (12/95)