# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **752698** **(1)**

1. Corporation Name

**THE BUSINESS FORUM, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 10145<br>POMPANO BEACH FL 33061 | P O BOX 10145<br>POMPANO BEACH FL 33061 |

3. Date Incorporated or Qualified: **06/02/1980**
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2554230** ☐ 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

**9. Name and Address of Current Registered Agent**

SHERMAN, KIM DOUGLAS
2400 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DOYLE, KATHLEEN | | 1.2 NAME | | |
| STREET ADDRESS | *4701 N. FEDERAL HWY., STE. 318* | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL 33064 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CAMERON-COOPER, COREY | | 2.2 NAME | SAME | |
| STREET ADDRESS | 2681 E. OAKLAND PARK | | 2.3 STREET ADDRESS | ″ | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33306 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 3.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | STRONG, STEPHANIE | | 3.2 NAME | Jeff Coleman | |
| STREET ADDRESS | 4200 OAK CIRCLE | | 3.3 STREET ADDRESS | 1701 W Hillsboro #104 | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | 3.4 CITY-ST-ZIP | Deerfield Bch FL 33442 | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | CAMPBELL, BETTY | | 4.2 NAME | Steve Sherman | |
| STREET ADDRESS | 5664 NW 101 DR. | | 4.3 STREET ADDRESS | 10 Fairway Drive #101 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33076 | | 4.4 CITY-ST-ZIP | Deerfield Bch FL 33442 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | Jerry Weiner | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 2139 University Dr #405 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Coral Springs, FL 33071 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Jeff Coleman 4/25/96 954-481-9411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #