2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 19, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 752702 FORUM, INC.							03-19-200	4 90003 00		.23
Principal Place of Business P 0 B0X 39564 FT LAUDERDALE, FL 33339 Mailing Address P 0 B0X 39564 FT LAUDERDALE, FL 33339 FT LAUDERDALE, FL 33339				3339	39		24025195				
2. Principal Place of Business 3. Mai			Mailing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				02282004	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State					4. FEI Numbe 59-219				oplied For ot Applicable
Zip	Country	Zip		Cou	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	iegistered	Agent				7. Name and	Address of New	Registered A	gent	
KEARSON	I PATRICIA				Name						
KEARSON, PATRICIA 2666 N.E. 35 DRIVE FORT LAUDERDALE, FL 33308-6314					Street Address (P.O. Box Number is Not Acceptable)						
					City	<u></u> _			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpos	se of changing its re	gistered	office or re	gistered	agent, or both, i	n the State of	Florida. I am i	amiliar with, a	and accept
SIGNATURE .	-										
	Signature, typed or printed name of registered agent	and title if app	ticable. (NOTE	: Registere	d Agent signatu	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if app	9. Election Carr Trust Fund C	paign F	inancing	ure required	\$5.00 May 8 Added to Fees	e F	Make chec lorida Depar		
10.	Filling Fee is \$61.25		9. Election Carr	paign F	inancing		\$5.00 May B	F	Make chec lorida Depai	tment of Si	tate
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I hereby certify that the information supplied with his fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or upplemental 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 free employeded to execute this report as required by Chapter 617, Florida Statutes; and the true rame appears in Block 10 or Block 11 if changed, or on an attack that an address with all other like empowered.

3/16/04

Charles E. Brandon, CPA, Treas

(954)396-9984

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #