## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000692 (2)
FORTE MANAGEMENT, INC.

Principal Place of Business

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Mailing Address

## **FILED** Apr 24 1997 8:00am Secretary of State



NEW YORK NY 10022			NEW YORK NY 10022-2707				
					Date Incorporated or Qualified     02/10/1995	3a. Date of Last Re 05/01/1996	porl
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Apı	olied For
21		26	26		13-3754181	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	dditional
22		27	· • · · · <del>- • · · · · · · · · · · · · · · · · · · </del>		U. Certificate of Status Desired	Fee Re	quired
City & State		City & State	<del></del>		6. Election Campaign Financing	\$5.00	May Be
23		28	······································		Trust Fund Contribution Added to Fees		
Zip	Country	Z(p	Count	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	4    25   29   3    9, Name and Address of Current Registered Agent				Florida Statutes LJ Yes LJ No  10. Name and Address of New Registered Agent		
SIFO	EL, SCOTT	on negistard Agent		81 Name			
222 W. COMSTOCK AVENUE							
WINTER PARK FL 32789				82 Street Address (P.O. Box Number is Not Acceptable)			
			B:	3			
				ļ			
ŀ			84	City	•	FL 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submills 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 607.0505, Florida Statutes.							
SIGNATURE    Signature, typed or printed name of registered agent and tide # applicable. (NOTE Registered Agent signature required when reinstating)   DATE   DATE							
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 12
TITLE	PTD	DELETE	1.1 TITLE		NA	Change	☐ Addition
NAME	TEAS, CHRISTOPHER	la vant	1.2 NAME		NO conser officer		
STREET ADDRESS	136 E. 57TH STREET Such	W 1201	1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10022		1.4 CITY-	ST-2IP			
TITLE	DV	☐ DELFTE	2.1 TITLE		President - TREASURER	Change	☐ Addition
NAME	TEAS, JENNIFER	1 120	2.2 NAME		Jennifer A. TEAS		Ì
STREET ADDRESS	136 E. 57TH STREET Sunt	& 12-(2)	2.3 STREE	1 ADDRESS	136 E. 57 #1201		
CITY-ST-ZIP	NEW YORK NY 10022		2. 4 CITY	- \$1 - 2IP	NY NY 10022	·	
TITLE	SC AFFEREN	DELETE	3.1 TITLE	Y	MARINA MARIA	APPLA A Change	Addition
NAME	SIEGEL, JEFFREY	: 400 l	3.2 NAME	i M	الدر مدالة الدن الدن	Salar Care	
STREET ADDRESS	136 E. 57TH STREET, SUITE NEW YORK NY 10022	1201	3.3 STREE	T ADDRESS	NO 1 SECON	A Charles and A region	}
CITY-ST-ZIP	AEA LOUV HI 10055	T Street	3.4. CITY	S1-ZIP	110 Longey officer	· · · · · · · · · · · · · · · · · · ·	
TITLE	SIEGEL, SCOTT	DELETE	4.1 TITLE	V	ICE PRESIDENT/SECRE	TARI Change	] Addition
NAME	222 W. COMSTOCK AVENU	<b>C</b>	4. 2 NAM	·	ICC TRESTOC TOCK	9	
STREET ADDRESS	WINTER PARK FL 32789	L		T ADDRESS	•,		
CITY-ST-ZIP	THATELY FAMALE OF 109	The cre	4.4 CITY-	ST-ZIP		Chases	Addition
TITLE		LJ DELETE	5.1 T(TLE			☐ Change	Addition
NAME CAREET ARROPEON			5.2 NAME	1 40000000			
STREET ADDRESS				1 ADDRESS		+	
CITY-ST-ZIP TITLE		☐ DECETE	5.4 CITY - 6.1 TITLE	S1-ZH'	<del></del>	☐ Change	Addition
						∟ criange	☐ Vogugoti
NAME CYDECT ADDDCOC			6.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-	S1-ZIP	11.0		

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name