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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H24591** (0)

1. Corporation Name

FORRESTAL OF FLORIDA, INC.

Principal Place of Business

% ALAN J. WERKSMAN
160 S.W. 12TH AVENUE, SUITE 101B
DEERFIELD BEACH FL 33442-3114

Mailing Address

% ALAN J. WERKSMAN
160 S.W. 12TH AVENUE, SUITE 101B
DEERFIELD BEACH FL 33442-3114



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WERKSMAN, ALAN J.
160 S.W. 12TH AVENUE
#101B
DEERFIELD BEACH FL 33442-3114

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if acceptable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

SADKIN, SEYMOUR

STREET ADDRESS

4910 WOODLANDS BLVD.

CITY-STATE-ZIP

TAMARAC FL 33319

TITLE

SD

☐ DELETE

NAME

CASSINO, MICHAEL J., JR.

STREET ADDRESS

2114 RADNOR COURT

CITY-STATE-ZIP

JUNO ISLES FL 33408

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

407-624-0292

CR2E034 (12/95)