

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90182 033 \*\*\*150.00

DOCUMENT # 500022

1. Corporation Name

FORSETI, INC. ✓

Principal Place of Business -

Mailing Address

~~3452 LAKE LYNDIA DR.~~  
~~SUITE 260~~  
~~ORLANDO, FL 32817~~

~~3452 LAKE LYNDIA DR.~~  
~~SUITE 260~~  
~~ORLANDO, FL 32817~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1986

4. FEI Number

59-2638793

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3800 ROUSE ROAD

26 3800 ROUSE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO FL

28 ORLANDO FL

Zip Country

Zip Country

24 32817 25

29 32817 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARFIELD, RONALD D.

~~3452 LAKE LYNDIA DR, SUITE 260~~  
~~ORLANDO, FL 32817~~

81 Name

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

10605 SUNTREE COURT

83

84 City

ORLANDO

FL

85

Zip Code

32817

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P/S ☐ DELETE  
NAME WARFIELD, RONALD D.  
STREET ADDRESS ~~3452 LAKE LYNDIA DR, SUITE 260~~  
CITY-ST-ZIP ~~ORLANDO, FL 32817~~

TITLE D/C/T ☐ DELETE  
NAME HARRIS, JAMES M.  
STREET ADDRESS ~~3452 LAKE LYNDIA DR, SUITE 260~~  
CITY-ST-ZIP ~~ORLANDO, FL 32817~~

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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 10605 SUNTREE COURT  
1.4 CITY-ST-ZIP ORLANDO FL 32817

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 3800 ROUSE ROAD  
2.4 CITY-ST-ZIP ORLANDO FL 32817

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES M. HARRIS

4/22/1999

(407) 679-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)