

2-10-97 B-1591 C  
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 Feb 10 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # J05550 (5)  
 1. Corporation Name  
 FORUM ARCHITECTURE, INC.



Principal Place of Business  
 % BLACK, JAMES B.  
 745 ORIENTA AVE. S1121  
 ALTAMONTE SPRINGS FL 32701

Mailing Address  
 % BLACK, JAMES B.  
 745 ORIENTA AVE. S1121  
 ALTAMONTE SPRINGS FL 32701-5619

3. Date Incorporated or Qualified: 03/11/1986  
 3a. Date of Last Report: 02/12/1996  
 4. FEI Number: 59-2673154  
 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
 BLACK, JAMES B.  
 745 ORIENTA AVE  
 S1121  
 ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	BLACK, JAMES B.	
STREET ADDRESS	745 ORIENTA AVE S1121	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	P	DELETE
NAME	STOEHR, NORMAN R	
STREET ADDRESS	745 ORIENTA AVE S1121	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 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 reports 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; that 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 the change is on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/15/97 DAYTIME PHONE: 407-830-1400

CR2E034 (9/96)