

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J59538** (5)

1. Corporation Name:
FORBES-HAMILTON MANAGEMENT CO.



Principal Place of Business: **3379 W. VINE ST. SUITE 309 KISSIMMEE FL 34741**
Mailing Address: **3379 W. VINE ST. SUITE 309 KISSIMMEE FL 34741**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/02/1987	01/04/1996
4. FEI Number	Applied For
59-2816193	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199(3)(2), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, THOMAS
3379 W. VINE STREET
STE. 309
KISSIMMEE FL 34741**

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 607.1503, 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 of the person who is the registered agent for this corporation

Print Name of the person who is the registered agent for this corporation

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PS	<input type="checkbox"/> DELETE
NAME	FERRELL, RICHARD F.	
STREET ADDRESS	121 ARANDA ST. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS M.	
STREET ADDRESS	1468 COMPASS CT.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

SIGNATURE:

Thomas Johnson THOMAS JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

407-847-2111

CR2E034 (12/95)