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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K82395** (O)
1. Corporation Name
FORUM ATLANTIC, INC.

Principal Place of Business Mailing Address
P. O. BOX 4280 PORTSMOUTH NH 03802 **P. O. BOX 4280 PORTSMOUTH NH 03802**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/21/1989		3a. Date of Last Report 03/02/1994	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	
4. FEI Number 65-0137595		Applied For <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. 195.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			


9. Name and Address of Current Registered Agent LYONS & SMITH, P.A. 1230 N.W. 7TH STREET MIAMI FL 33125				10. Name and Address of Now Registered Agent			
				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City		FL B5. 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 _____ DATE _____
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMET, EDUARDO A.	1.2 NAME	
STREET ADDRESS	13380 S.W. 131 ST #123-4	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTSEN, ANDERS E	2.2 NAME	
STREET ADDRESS	59 BOW STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORTSMOUTH NH	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRIE, JAMES	3.2 NAME	
STREET ADDRESS	59 BOW STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORTSMOUTH NH	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:  **James A. Labrie** 4/20/95 603/431-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #