

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05979 (4)

1. Corporation Name
FORNS DESIGN & CONSTRUCTION, INC.



Principal Place of Business 4413 W. ALVA STREET TAMPA FL 33614	Mailing Address 4413 W. ALVA STREET TAMPA FL 33614
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5504 Executive Drive Suite, Apt. #, etc.		2a. Mailing Address 26 5504 Executive Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/31/1989	
22 City & State 23 Tampa, Florida		27 City & State 28 Tampa, Florida		4. FEI Number 59-2965460	
24 Zip 33609		25 Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33609		30 Country Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FORNS, JOSE JR 4413 W ALVA STREET TAMPA FL 33614-4638				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FORNS, JOSE JR 4413 W ALVA STREET TAMPA FL 33614-4638				10. Name and Address of New Registered Agent	
81 Name Jose Forn, Jr.				82 Street Address (P.O. Box Number is Not Acceptable) 5504 Executive Drive	
83 City Tampa, Florida				84 Zip Code 33609	
				85 Zip Code FL	

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)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNS, JOSE JR		1.2 NAME	Jose Forn, Jr.	
STREET ADDRESS	4413 W ALVA STREET		1.3 STREET ADDRESS	5504 Executive Drive	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Florida 33609	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNS, SUSAN		2.2 NAME	Susan Forn	
STREET ADDRESS	4413 W ALVA STREET		2.3 STREET ADDRESS	5504 Executive Drive	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Florida 33609	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNS, SUSAN		3.2 NAME	Susan Forn	
STREET ADDRESS	4413 W ALVA STREET		3.3 STREET ADDRESS	5504 Executive Drive	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Florida 33609	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Susan Forn* **4/15/98**

CR2E034 (10/97)