

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90006 017 ***150.00

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DOCUMENT # L71631

1. Corporation Name
FORSTER, SPENCER AND EISEN, INC.

Principal Place of Business
8100 OAK LANE
SUITE 306
MIAMI LAKES FL 33016

Mailing Address
8100 OAK LANE
SUITE 306
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1990

4. FEI Number

65-0196800

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

21

Suite, Apt. #, etc.

22 15050 N.W. 79 Ct., #201

City & State

23 Miami Lakes, FL

Zip

24 33016

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 15050 N.W. 79 Ct., #201

City & State

28 Miami Lakes, FL

Zip

29 33016

Country

30 USA

9. Name and Address of Current Registered Agent

FINAN, MARY W.
8100 OAK LANE, SUITE 306
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
15050 N.W. 79 Court

83 #201

84 City Miami Lakes, FL

85 Zip Code 33016

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

TITLE PCD
NAME FORSTER, LOUIS L.
STREET ADDRESS 15320 SW 77TH AVE.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VD
NAME SPENCER, GEOFFREY C.
STREET ADDRESS 1200 WEST AVE #205
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE VD
NAME EISEN, JEFFREY, L.
STREET ADDRESS 1220 WILSHIRE CIR W
CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ DELETE

TITLE ST
NAME FINAN, MARY, W
STREET ADDRESS 8403 REDNOCK LANE
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

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 4901 Park Avenue
2.4 CITY-ST-ZIP Coconut Grove, FL 33133

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:

Jeffrey L. Eisen, VP

Date

Daytime Phone #

CR2E034 (11/98)