. PF	NOW: FILING FEE	AFTER MAY 1 IS FLORIDA DEPART				
ANNUA	ORATION AL REPORT 996	Sandra B. Mortham Secretary of State Division OF CORPORATIONS				
DOCUMENT # L71862 (1)						
	OOD FOREST, INC.					
Principal Place o		Mailing Address 441 S NORTHLAKE BU UNIT 1068	VD		III 1181 010A 010A 110A 110A	ii ();;;;; ();;;;;;;;;;;;;;;;;;;;;;;;;;;
ALTAMONTE SPRINGS FL 32701 US		ALTAMONTE SPRINGS FL 32701 US		3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1990 05/01/1995		
2. Principal Plac		2a. Maining Address		4. FEI Number 59-3020265		pplied For
Surte, Apt. #,	CLUB DRIVE etc.	26 478 CLUB Suite, Apt. #, etc.	DRIVE	5. Certificate of Status Desired	\$8.75	lot Applicable Additional Required
City & State	2 SPRINGS, FLORIDA	City & State	alds FLORING	6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
23 WINTER 210 24 3570	Country	Zip	Country OU, S.			
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R		
FAGIN,	SUELLEN D. E		<i>[</i>	LFREDO PLASTER Idress (P.O. Box Number is Not Acceptab	EK.	
16 W P	ine street		478	CLUB DRIVE		
SUITE 1			83			
UNLANI	DO FL 32801		84 City	ITER SPRINGS		Code 2708
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above paged core	paration submits this statement for the nur	mose of changing its re	onistered office
familiar with	and accept the obligations of Section ALFREDO PLASTI	/ 1	hedo Plast	bard of directors. Thereby accept the app	May 31,1	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
TITLE NAME	D Plasterek, alfredo a	☐ DELETE	1 1 TITLE 1 2 NAME	D PLASTEREK, ALFRES	► SChange > V A,	☐ Addition
STREET ADDRESS	441 S NORTHLAKE BLVD., UNIT 1068		1.3 STREET ADDRESS	478 CLUB DRIVE		.
CHTY-ST-ZIP	ALTAMONTE SPRGS FL	FIRE	1.4 CITY - ST - ZIP	WINTER SPRINGS, FU		
TITLE		☐ DELFTE	2 1 TITLE 2 2 NAME		Change	☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY - ST - ZIP			2.4 C-TY - ST - ZIP			
TOTLE		☐ DELETE	3 1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELEKE	3.4 CITY - ST - ZIP 4.1 TITLE	Abda aba at were	Change	Addition
NAME		· ·	4.2 NAME			_
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 City-St-ZiF			-
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAME OFFICE ANDRESS			5.2 NAME			
STREET ADDRESS CITY+ST-ZIP			5.3 STREET ADDRESS 5.4 City - St - Zip			
			04001 21.50		D Change	FT Addition
		☐ DELETE	6 1 TITLE		☐ Change	Addition
TITLE NAME		☐ DELETE	6 1 TITLE 62 NAME		☐ Change	☐ ¥00000

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k), 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 13 if changed or on an attachment with an address. Olhe do Plastere L. President -SIGNAJURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

6.4 CITY - ST - ZIP

CITY-ST-ZIP

May 31,1996 (407) 337-0647