Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90076 043 ***158.75

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

DOCUMENT # M44961

1. Corporation Name

THE R.J. FORBES GROUP, INC.									
Principal Place of Business Mailing Address)) 	(
8 FLETCHER PLACE 8 FLETCHER PLACE						•			
MELVILLE NY 11747 MELVILLE NY 11747 US US						DO NOT WRITE IN TI	TIG GOVUE		
05 05						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						01/16/1987			
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21	·	26				11-3036499		t Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re		
City & Sta	ate	City & State				6. Election Campaign Financing	\$5.00	May Re	
23		28				Trust Fund Contribution	Added t		
Zip Country 29		Zip 3	· ·			8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
• • • • • • • • • • • • • • • • • • • •	9. Name and Address of Currer					10. Name and Address of New Register	ed Agent		
THE		N GAGLEM INC	81	1 Nan	ne				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			82	2 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)			
SUITE 105			83	3		**************************************			
IAL	LAHASSEE FL 32301		84	4 City	,		85 Zip (Code	
44 Diversion	the the equipment of Captions COT OF	1007 4500 Planta Otalia				<u> </u>			
office or	registered agent, or both, in the State	of Florida. Such change was auth	horized by	/ the co	ed corpor progration	ration submits this statement for the purpose and a statement for the purpose ration state appropriate states are states appropriate the purpose ration submits a purpose ration submits and submits appropriate ration submits this statement for the purpose ration submits submits and ration submits are rationally accept the appropriate ration submits and ration submits and ration submits a submit submits and ration submits ration submits	of changing its pointment as re	registered gistered	
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes	s.		,	,		
SIGNATURE	Signature, typed or printed name of registered ager	ent and fitte if annicable (NOTE: R	egistered Age	ot signati	····a required y	when reinstating) DATE			
12.		ND DIRECTORS	13.	nt signaw	Tie reduier -	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PCDT	☐ DELETE	1.1 TITLE		\neg		Change	Addition	
NAME	KRASKA, KENNETH E.		1.2 NAME					_	
STREET ADDRESS	7 000/41/1 4/5400/41/04/51		1.3 STREET ADDRESS		iss				
CITY-ST-ZIP	FORT SALONGA NY 11768	•	1.4 CITY-ST-ZIP						
TITLE	VDS	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	KRASKA, RONALD E.		2.2 NAME						
STREET ADDRESS	AL LIADDOD OLIVO DOILE		2.3 STREE	TADDRE	ss				
CITY-ST-ZIP	KINGS PARK NY		2. 4 CITY-5					:	
TITLE		☐ DELETE	3.1 TITLE		+		Change	☐ Addition	
NAME		!	3.2 NAME		!				
STREET ADDRESS	;	!	3.3 STREE	T ADDRE	ss				
CITY-ST-ZIP		!	3.4. CITY- 5		-			·-	
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME	}	!	4. 2 NAME					_	
STREET ADDRESS	,	1	4.3 STREE		ss				
CITY-ST-ZIP		!	4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME			5.2 NAME				•	-	
STREET ADDRESS			5.3 STREET	T ADDRES	ss				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		□ DELETE	6.1 TITLE				Change	[] Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> HRED CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR