


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N32463</b> (4) 1. Corporation Name <b>FOREST + TREES, INC.</b>			
Principal Place of Business <b>C/O GARY MONROE 711 PINETREE CT. DELAND FL 32724 US</b>		Mailing Address <b>C/O GARY MONROE 711 PINETREE CT. DELAND FL 32724-2917 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
3. Date Incorporated or Qualified <b>05/23/1989</b>		3a. Date of Last Report <b>04/22/1996</b>	
4. FEI Number <b>65-0121803</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>MONROE, GARY 711 PINETREE COURT DELAND FL 32724</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D WULFECK, RICHARD	X DELETE	
NAME	6500 SW 74TH ST.		
STREET ADDRESS	MIAMI FL		
CITY - ST - ZIP			
TITLE	D	X DELETE	
NAME	MONROE, GARY		
STREET ADDRESS	711 PINETREE CT		
CITY - ST - ZIP	DELAND FL		
TITLE	D	X DELETE	
NAME	KAPLAN, MITCHELL		
STREET ADDRESS	296 ARAGON AVE		
CITY - ST - ZIP	CORAL GABLES FL		
TITLE	D	X DELETE	
NAME	BREITENBACH, ERIC		
STREET ADDRESS	1505 PALMETTO AVENUE		
CITY - ST - ZIP	SANFORD FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	McCune, Carroll		
1.3 STREET ADDRESS	516 E. Napoleon Rd.		
1.4 CITY - ST - ZIP	Bowling Green, OH 43402		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Cunningham, Spencer		
2.3 STREET ADDRESS	418 N. Main St.		
2.4 CITY - ST - ZIP	Bowling Green, OH 43402		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Katzner, Louis		
3.3 STREET ADDRESS	1126 Charles		
3.4 CITY - ST - ZIP	Bowling Green, OH 43402		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Vanden Eynden, Jane		
4.3 STREET ADDRESS	835 S. Christopher		
4.4 CITY - ST - ZIP	Bowling Green, OH 43402		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Carroll C. McCune</i> 4-28-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)