

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31360 (1)
1. Corporation Name
THE FOREST CORPORATION OF TENNESSEE



Principal Place of Business

Mailing Address

ONE SOUTHEAST THIRD AVENUE
SUITE 1400
MIAMI FL 33131

8401 NW 70TH STREET
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
08/22/1990	02/05/1996
4. FEI Number	Applied For Not Applicable
62-1368827	
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPROLITE CORPORATION
1400-A AMERIFIRST BUILDING
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORCHERS B., FRIEDRICH E	1.2 NAME	MOOTZ, JURGEN
STREET ADDRESS	6260 N.W. 173RD ST, #1104	1.3 STREET ADDRESS	1011 GADD ROAD APMT. 605
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HIXSON TN 37343
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASS, STEPHEN A.	2.2 NAME	
STREET ADDRESS	1 S.E. 3RD AVE., #1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOTZ, JURGEN	3.2 NAME	GERHARD BORCHERS
STREET ADDRESS	328 CHEROKEE BLVD.	3.3 STREET ADDRESS	3623 FOUNTAIN AV. APTMT. 71
CITY-ST-ZIP	CHATTANOOGA TN	3.4 CITY-ST-ZIP	EAST RIDGE TN 37412
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BORCHERS B., FRIEDRICH E.
STREET ADDRESS		4.3 STREET ADDRESS	AV. 3F # 67-56 APTMT. 1-A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MARACAIBO ZULIA VENEZUELA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

011-58-61