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Feb 26 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 # P93000060341 (3)

1. Corporation Name
FORELE LTD, INC.

Principal Place of Business
6877 SW 18 STREET
ST - ~~4330~~
BOCA RATON FL 33433
US

Mailing Address
6877 SW 18 STREET
~~4330~~
BOCA RATON FL 33433-7046
US



3. Date Incorporated or Qualified 08/27/1993
3a. Date of Last Report 07/09/1996

4. FEI Number 65-0428392
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite Apt. #, etc.

22 H-206

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 H-206

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MALMIN, FORD H
~~2900 NE 14TH STREET CSWY~~
~~4803~~
~~POMPANO BEACH FL 33062~~

10. Name and Address of New Registered Agent

81 Name MALMIN, FORD H
82 Street Address (P.O. Box Number is Not Acceptable) 7831 FORESTAY DRIVE
83
84 City LAKE WORTH FL 85 Zip Code 33467

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 DP
NAME MALMIN, FORD H
STREET ADDRESS 2900 NE 14TH ST CSWY #803
CITY-ST-ZIP POMPANO BEACH FL

TITLE DVP
NAME MALMIN, FORD N
STREET ADDRESS 2647 SW 33RD AVE #1015
CITY-ST-ZIP OCALA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME MALMIN, FORD H.
1.3 STREET ADDRESS 7831 FORESTAY DRIVE
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)