

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gordon B. McMath
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 21 PM 12:43

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # P93000067284 (8)

1. Corporation Name

FOREBEARANCE II, INC.

Principal Place of Business

Mailing Address

**44 COCONUT ROW
C/O STEPHEN M. LEVENE
PALM BEACH FL 33480**

**44 COCONUT ROW
C/O STEPHEN M. LEVENE
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

08/30/1994

4. FEI Number

65-0444804

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. 194.032,
Florida Statutes

☐ Yes ☐ No

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 Zip

24 Country

29 Country

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRNE, JAMES A ESQ
540 - 4TH STREET NORTH
ST. PETERSBURG FL 33701**

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 re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D
LEVENE, STEPHEN M
44 COCONUT ROW
PALM BEACH FL 33480**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

**D
LEVENE, STEPHEN M
44 COCONUT ROW
PALM BEACH FL 33480**

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

☐ Change ☐ Addition

**D
LEVENE, STEPHEN M
44 COCONUT ROW
PALM BEACH FL 33480**

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

☐ Change ☐ Addition

**D
LEVENE, STEPHEN M
44 COCONUT ROW
PALM BEACH FL 33480**

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

☐ Change ☐ Addition

**D
LEVENE, STEPHEN M
44 COCONUT ROW
PALM BEACH FL 33480**

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

☐ Change ☐ Addition

**D
LEVENE, STEPHEN M
44 COCONUT ROW
PALM BEACH FL 33480**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with address.

SIGNATURE:

(Signature) (Typed or printed name of signing officer or director)

Date

(Signature) (Typed or printed name of director)