

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000006705

1. Entity Name
FORUM SHOPPES, INC.



Principal Place of Business
1649 FORUM PLACE
WEST PALM BEACH, FL 33401

Mailing Address
1649 FORUM PLACE
WEST PALM BEACH, FL 33401



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0474423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRBY, JOSEPH H
C/O MEREDITH REALTY, INC
1649 FORUM PLACE STE 11
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MEREDITH, SARA
STREET ADDRESS	1649 FORUM PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	D
NAME	DEVOS, SYLVIA
STREET ADDRESS	1649 FORUM PLACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	P
NAME	KIRBY, JOSEPH H
STREET ADDRESS	1649 FORUM PLACE STE 11
CITY-ST-ZIP	W PLM BCH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80070-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #