FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:48

DOCUMENT # **P94000034387 (8)**

1. Corporation Name
FORGET INVESTMENT, INC.

Principal Place of Business	Mailing Address
1915 ROSMAN STREET HOLLYWOOD FL 33020	1915 ROSMAN STREET HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 d/b/a Sun Manor Hotel	26 333 OKLAHOMA ST
22 Suite, Apt. #, etc.: 333 Oklahoma Street	27 Suite, Apt. #, etc.: HOLLYWOOD, FL.
23 City & State: Hollywood, FL 33019	28 City & State:
24 Zip: 33019 25 Country: USA	29 Zip: 33019 30 Country: U.S.A.

4. FEI Number: 65-0500046 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARTHE, FREDERIC M RUTHERFORD, MINERLEY & MULHALL, P.A. 2101 CORPORATE BLVD., N.W., STE. 400 BOCA RATON FL 33431	81 Name: Barthe, Frederic M. 82 Street Address (P.O. Box Number is Not Acceptable): Rutherford, Minerley & Mulhall, P.A. 83 2600 S Military Trail, Fourth Floor One Crocker Square 84 City: Boca RAton, FL. 85 Zip Code: FL 33431

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] 03/02/95
(Signature, Typed or Printed Name of Registered Agent and the Date) (If New Registered Agent, signature required in area immediately above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FORGET, PIERRE	12 NAME	
STREET ADDRESS	339 WHIMBEY	13 STREET ADDRESS	
CITY ST ZIP	SAINT-LAMBERT, QUEBEC CANADA	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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] 03/10/95 (305) 903-9544
SIGNATURE AND TITLE OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)