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

APPROVED
AND
FILED

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041219 (4)**

1. Corporate Name
FORTE INDUSTRIES OF CENTRAL FLORIDA, INC.

Principal Place of Business
1011 W. LANCASTER ROAD
ORLANDO FL 32809

Mailing Address
1011 W. LANCASTER ROAD
ORLANDO FL 32809

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: **06/02/1994**
3a. Date of Last Report:

2. Previous Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. # or P.O. Box (22)
Suite, Apt. # or P.O. Box (27)

City & State (23)
City & State (28)

Zip (24) County (25)
Zip (29) County (30)

4. FEI Number: **59-3247529** ☐ 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 validly elected to be exempt from s. 199.032, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, BARBARA F
1011 W. LANCASTER ROAD
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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 Section 607.1005, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
(01)	D	(01)	☐ Change ☐ Addition
NAME	SAJESKI, THEODORE J	NAME	
STREET ADDRESS	1011 W. LANCASTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
(02)	D	(02)	☐ Change ☐ Addition
NAME	SAJESKI, MELISSA A	NAME	
STREET ADDRESS	1011 W. LANCASTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
(03)	D	(03)	☐ Change ☐ Addition
NAME	SCOTT, BARBARA F	NAME	
STREET ADDRESS	1011 W. LANCASTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
(04)		(04)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
(05)		(05)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
(06)		(06)	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is absolutely true and correct and that I am qualified to sign this report as required by Chapter 607, 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 above, if applicable, or on an attachment with an address.

SIGNATURE: *Melissa A. Sajeski* **Melissa A. Sajeski** **4/20/95** **(407) 826-5776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050700 CP