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
95 AUG -1 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072079 (4)**

1. Corporation Name
FORECKI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4815 NW 98TH PL MIAMI FL 33178	4815 NW 98TH PL MIAMI FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 612 Lois Ave N.	26 612 Lois Ave N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa Fl.	City & State 28 Tampa Fl.
Zip 24 33609 Country 25 USA	Zip 29 33609 Country 30 USA

4. FEI Number: 59-3270863 ☐ 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
EICHOLTZ, KIRK D 100 E MADISON ST SUITE 300 TAMPA FL 33602 (Note: Agent moved across the street)	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 111 East Madison St. 83 Suite 2400 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	FORECKI, KENNETH J	12 NAME	
STREET ADDRESS	4815 NW 98TH ST	13 STREET ADDRESS	5700 Marnier Dr. Unit 202E
CITY ST ZIP	MIAMI FL 33178	14 CITY ST ZIP	Tampa, Fl. 33609
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HARDEMAN, DEBORAH H	22 NAME	D. Forecki, Deborah H.
STREET ADDRESS	4815 NW 98TH ST	23 STREET ADDRESS	5700 Marnier Dr. Unit 202E
CITY ST ZIP	MIAMI FL 33178	24 CITY ST ZIP	Tampa, Fl. 33609
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 do 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: Kenneth J. Forecki Kenneth J. Forecki 7/27/95 (813)289-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0109100 CP