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Mar 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000079942

1. Corporation Name

FORUM HOLDINGS, INC.

Principal Place of Business Mailing Address								i inniinā: lie incli hini entri nosii nosii nosii	MIN MINE IN	i Biğiğ ilği lağı	
1601 FORUM P	LACE	1601 FORUM	1601 FORUM PLACE								
SUITE 1101 SUITE 1101							DO NOT WRITE IN TURE CRACE				
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
								0/31/1994			
2. Principal P	lace of Business	2a. Mailing	Address					El Number		pplied For	
21		26	26				6	5-0534134		lot Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5.0	ertifcate of Status Desired		Additional	
22		27					J . 3			Required	
City & Stat	e	City & S	City & State					lection Campaign Financing	•	May Be	
23		28						rust Fund Contribution		I to Fees	
Zip	Country Zip			Country			8. This corporation owes the current year Intangible Personal Property Tax O Yes No				
24	25	29		30	_			ersonal Property Tax.		□No	
	9. Name and Address of Curre	ent Registered Ag	jent	81	4T	Name	10. N	ame and Address of New Registered	Agent		
CHC	WHAN CARDV M			0	'	ivame					
GLICKMAN, GARRY M 1601 FORUM PLACE			82	82 Street Add			ddress (P.O. Box Number is Not Acceptable)				
SUITE 1101 WEST PALM BEACH FL 33401				83	83			12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	in the second	4.773	
WES	OF PALM DEACH PL 33401			84	4	City			- 85 ∤Zip	Code 11.	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida, Such	change was aut	thorized by	v tr	-named corp he corporati	poration s ion's boar	ubmits this statement for the purpose of d of directors. I hereby accept the appoin	changing it ntment as i	s registered egistered	
SIGNATURE								stating) DATE			
-	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: F	13.	eni :	signature require		DITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
12.	D	NO DIRECTORS	DELETE	1.1 TITLE		-		DITIONS/CHANGES TO OF TOERO FAR	XXChange		
	WOLGIN, JACQUELINE		G bereit	1.2 NAME						_	
4000 DITTENHOLOG COLLADE ADT 440				1.3 STREET ADDRESS			4545 N. Ocean Boulevard, 17-A				
STREET ADDRESS	PHILADELPHIA PE	טרו ואט	1.4 CITY-ST-ZIP				Boca Raton, Florida 33432				
CITY-ST-ZIP	PHIDADELPHIA PE		DELETE	2.1 TITLE		ZIP	Doca	Macon, Florida 33432	Change	Addition	
TITLE			OCCLIC	2.2 NAME		İ					
NAME				2.2 NAME		ADDRESS		and the second			
STREET ADDRESS											
CITY-ST-ZIP			DELETE	2. 4 CITY- 3.1 TITLE		-2.17			["] Change	Addition	
TITLE				3.2 NAME					_ ,	_	
NAME				3.2 NAME		ADDDESS					
STREET ADDRESS						i					
CITY-ST-ZIP			□ DELETE	3.4 CITY- 4.1 TITLE		-219			Change	Addition	
TITLE			ب مادداد	4. 2 NAME						-	
NAME											
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			☐ DELETE	4.4 CITY-		ZIP			Change	Addition	
TITLE			DELETE	5.1 TITLE 5.2 NAME					L. 2.10.191		
NAME						ADDRESS					
STREET ADDRESS				5.4 CITY-		j				,	
CITY-ST-ZIP			DELETE	6.1 TITLE		- 217			☐ Change	e Addition	
TITLE			☐ DELETE	1		-					
NAME	1			6.2 NAME	-						

14. I hereby certify that the information supplied with this filing 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 pr on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #