2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90094 033 ***150.00

DOCUMENT # P94000079942

1. Entity Name
FORUM HOLDINGS, INC.

Principal Place of Business	Mailing Address
1601 FORUM PLACE SUITE 1101 WEST PALM BEACH, FL 33401	1601 FORUM PLACE SUITE 1101 WEST PALM BEACH, FL 33401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0534134 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SKIKOWAX EARROW~~ ~~XOMXCOSOXPAXEX~~ ~~XMMEXMKXXXXXXXX~~ ~~WESXPAXMBEACHXXXX33402X~~	Name: Sidney Wolgin Street Address (P.O. Box Number is Not Acceptable): 6574 Grand Orchid Way Delray Beach, Florida 33446 City: FL Zip Code:

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 Sidney Wolgin — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-13-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WOLGIN, JACQUELINE	NAME	
STREET ADDRESS	4545 N. OCEAN BLVD. 17-A	STREET ADDRESS	6574 Grand Orchid Way
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	Delray Beach, Florida 33446
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	Scott L. Blick
STREET ADDRESS		STREET ADDRESS	6042 Via Venetia N.
CITY-ST-ZIP		CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: Jacqueline Wolgin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #