

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT CORPORATION
 ANNUAL REPORT
 1995**



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

**FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS**

DOCUMENT # P94000081472 (0)

95 JUN 19 PM 12:15

1. Corporation Name
FORAM MANAGEMENT AND LEASING, INC.

Principal Place of Business Mailing Address
**600 BRICKELL AVENUE 600 BRICKELL AVENUE
 STE. 600 STE. 600
 MIAMI FL 33131 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/04/1994** 3a. Date of Last Report
 4. FEI Number **65-0539079** 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**
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**STRINGER, KRISTIN
 600 BRICKELL AVENUE
 STE. 600
 MIAMI FL 33131**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE **D**
 NAME **COCKRUM, LORETTA H**
 STREET ADDRESS **600 BRICKELL AVENUE STE. 600**
 CITY - ST - ZIP **MIAMI FL 33131**
 TITLE **D**
 NAME **STRINGER, WAYNE E**
 STREET ADDRESS **600 BRICKELL AVENUE STE. 600**
 CITY - ST - ZIP **MIAMI FL 33131**
 TITLE **D**
 NAME **STRINGER, KRISTIN**
 STREET ADDRESS **600 BRICKELL AVENUE STE. 600**
 CITY - ST - ZIP **MIAMI FL 33131**
 TITLE
 NAME
 STREET ADDRESS
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 CITY - ST - ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1. 1. TITLE
 1. 2. NAME
 1. 3. STREET ADDRESS
 1. 4. CITY - ST - ZIP
 2. 1. TITLE Change Addition
 2. 2. NAME
 2. 3. STREET ADDRESS
 2. 4. CITY - ST - ZIP
 3. 1. TITLE Change Addition
 3. 2. NAME
 3. 3. STREET ADDRESS
 3. 4. CITY - ST - ZIP
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 5. 3. STREET ADDRESS
 5. 4. CITY - ST - ZIP
 6. 1. TITLE Change Addition
 6. 2. NAME
 6. 3. STREET ADDRESS
 6. 4. 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 110.07(3)(k), 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: *Kristin Stringer* **Kristin Stringer** 6/13/95 305-358-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/95)