

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000081472 (0)

1. Corporation Name
FORAM MANAGEMENT AND LEASING, INC.



Principal Place of Business
**600 BRICKELL AVENUE
STE. 800 800
MIAMI FL 33131**

Mailing Address
**600 BRICKELL AVENUE
STE. 800 800
MIAMI FL 33131-2540**

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
04/26/1996

21	21a	24	25	29	30	4.	5.	6.	6.
Principal Place of Business	Mailing Address	FEI Number	Applied For	Certificate of Status Desired	Additional Fee Required	8.75	8.	Election Campaign Financing	Trust Fund Contribution
600 BRICKELL AVENUE STE. 800 800 MIAMI FL 33131	600 BRICKELL AVENUE STE. 800 800 MIAMI FL 33131-2540	65-0539079	Not Applicable	<input type="checkbox"/>	\$8.75	Added to Fees	<input type="checkbox"/>	\$5.00	May Be Added to Fees
22	27	23	28	24	25	29	30	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State	Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
STRINGER, KRISTIN 600 BRICKELL AVENUE STE. 800 800 MIAMI FL 33131				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	COCKRUM, LORETTA H	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME			
STREET ADDRESS	600 BRICKELL AVENUE STE. 800 800			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			1.4 CITY - ST - ZIP			
TITLE	PD	STRINGER, WAYNE E	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS	600 BRICKELL AVENUE STE. 800 800			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE	D	STRINGER, KRISTIN	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS	600 BRICKELL AVENUE STE. 800 800			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			3.4 CITY - ST - ZIP			
TITLE	V	EARHART, STEPHEN	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS	600 BRICKELL AVE STE. 800 800			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			4.4 CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 its 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* 4/16/97 305-358-9807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)