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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000081472 (0) DOCUMENT #

FORAM MANAGEMENT AND LEASING, INC.

Principal Place of Business Mailing Address 600 BRICKELL AVENUE 600 BRICKELL AVENUE 800 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 US 3. Date Incorporated or Qualified 11/04/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 65-0539079 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zìp Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRINGER, KRISTIN 600 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 800 83 MIAMI FL 33131 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) Signature, typed or printed name of registered agent and title it applicable DATE **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE NAME COCKRUM, LORETTA H 1.2 NAME 600 BRICKELL AVE, STE 800 STREET ADORESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME STRINGER, WAYNE E 2.2 NAME 600 BRICKELL AVENUE, STE 800 STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TID F STRINGER, KRISTIN NAME 3.2 NAME 600 BRICKELL AVE, STE 800 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE EARHART, STEPHEN NAME 4. 2 NAME 600 BRICKELL AVE, STE 800 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP \_\_ DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-Z:P

14. I hereby certify that the information supplied with this filling 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

**FILED** 

Feb 04 1998 8:00am

Secretary of State