

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000081472

1. Entity Name  
 FORAM MANAGEMENT AND LEASING, INC.



Principal Place of Business  
 600 BRICKELL AVENUE  
 800  
 MIAMI, FL 33131 US

Mailing Address  
 600 BRICKELL AVENUE  
 800  
 MIAMI, FL 33131 US

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0539079 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COCKRUM, LORETTA  
 600 BRICKELL AVENUE  
 800  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

|                 |                              |
|-----------------|------------------------------|
| TITLE           | ST                           |
| NAME            | COCKRUM, LORETTA H           |
| STREET ADDRESS  | 600 BRICKELL AVE, STE 800    |
| CITY - ST - ZIP | MIAMI, FL                    |
| TITLE           | P                            |
| NAME            | STRINGER, WAYNE E            |
| STREET ADDRESS  | 600 BRICKELL AVENUE, STE 800 |
| CITY - ST - ZIP | MIAMI, FL                    |
| TITLE           | V                            |
| NAME            | STRINGER, KRISTIN L          |
| STREET ADDRESS  | 600 BRICKELL AVENUE, STE 800 |
| CITY - ST - ZIP | MIAMI, FL 33131              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

U00000113692  
 04/15/04-80018-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Loretta H. Cockrum* Date: *4-13-04* Daytime Phone #: *305-358-9807*