

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000086679 (5)**

1. Corporation Name
FORREC U.S., INC.



Principal Place of Business: **1028 WHITEHEAD ST. KEY WEST FL 33041**
Mailing Address: **P.O. BOX 4502 KEY WEST FL 33041**

3. Date Incorporated or Qualified 11/30/1994	3a. Date of Last Report 03/30/1995
4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent F & L CORP. 200 LAURA STREET THIRD FLOOR JACKSONVILLE FL 32201-0240	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD MCNAIR, JEFFREY A	1.2 NAME	
STREET ADDRESS	9 BLANCHARD RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO ONTARIO, CANADA M4N3M-1	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BEEBE, DENNIS A	2.2 NAME	
STREET ADDRESS	3701 DUCK AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY WEST FL 33040	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SCHEFTER, HENRY	3.2 NAME	SD SCHEFTER, HENRY
STREET ADDRESS	122 PEARS AVE.	3.3 STREET ADDRESS	39 DUPONT ST.
CITY - ST - ZIP	TORONTO ONTARIO, CANADA M6R1V-2	3.4 CITY - ST - ZIP	TORONTO ONTARIO CANADA M6R1V3
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOORHEAD, STEVEN A	4.2 NAME	
STREET ADDRESS	41 ROXBOROUGH ST. EAST	4.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO ONTARIO, CANADA M4W1V-5	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	600001744000
STREET ADDRESS		5.3 STREET ADDRESS	-03/15/96--01017--013
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: _____ DATE: **Feb. 29 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

FAK 3-14-96