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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90160 048 \*\*\*150.00

DOCU 1. Corporatio	MENT # P9500	0011772						
	FORUM, INC.							
HOMM	ronuwi, inc.					A COMPLETA AND CONTROL OF THE CONTROL OF THE CONTROL OF THE	H <b>ad</b> i el <b>e</b> ii H <b>ad</b> i	18818 (1881 1881
	, '							
Principal Plac	e of Business	Mailing Address				- I CONTINUE OUR CONTRACTOR BROWN BROWN BROWN BROWN	ALBERT ALBERT	
SUN VILLAGE I		SUN VILLAGE PLAZA						
4601 N. UNIVERSITY DRIVE 4601 N. UNIVERSITY DRIVE								
LAUDERHILL FI	L 33351	LAUDERHILL FL-33351				DO NOT WRITE IN THIS	SPACE	
		•				3. Date Incorporated or Qualifed		
		a All-III-a Address				02/09/1995 4. FEI Number	1 100	plied For
<del>-</del>	lace of Business	2a. Mailing Address	<u> </u>			65-0572904	ļ <del></del> -	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				·	\$8.75	
22	н, осо.	27				5. Certificate of Status Desired	Fee Re	I
City & Stat	le	City & State				6. Election Campaign Financing	\$5.00	May Be
23	~	28				Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year Int		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent		ļ.,		10. Name and Address of New Registered	Agent	
CON	ITI CALVATORE E			81	Name	·	•	
CONTI, SALVATORE F SUN VILLAGE PLAZA				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
4601 N. UNIVERSITY DRIVE								
LAUDERHILL FL 33351				83				
				84	City		85 Zip (	Code
		SOO COT 4500 Florida Chat	-	للل	nomed com			registered
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ite of Florida. Such change was	authorized	d by	the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Stat	tutes.	•			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE: Registered	d Agen	nt signature require	ed when reinstating) DATE		———
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 7	USE			Change	☐ Addition
NAME .	CONTI, SALVATORE F		1.2 N	AME	}			}
STREET ADDRESS	4520 NW 5TH AVENUE		1.3 \$	TREET	T ADDRESS	•		
CITY-ST-ZIP	FORT LAUDERDALE FL 3330	)9	1.4 C	ITY-S1	r-zip			
TITLE	D	☐ DELETE	2.1 1	mlE.			Change	Addition
NAMÈ	CONTI, GLORIA		2.2 N	IAME				
STREET ADDRESS			2.3 S	TREET	T ADDRESS			}
C/TY-ST-ZIP	FORT LAUDERDALE FL 3330		2.40	CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 T	TLE	ļ		☐ Change	Addition
NAME			3.2 N					
STREET ADDRESS	:		3.3 S	TREET	T ADDRESS			
C/TY-ST-ZIP			_	CITY-S	T-ZIP			Addition
TITLE		☐ DELETE	4.1 Ti				Change	☐ Addition
NAME				VAME			•	
STREET ADDRESS	·}				TADDRESS			
CITY-ST-ZIP		□ naiete		TY-\$1	Γ-ZIP	<u> </u>	Change	Addition
TITLE	;	☐ DELETE	5.1 Ti 5.2 N			•	m Orlange	L,
NAME	·				TADDRESS	•		ļ
STREET ADDRESS					T-ZIP	and the second		المتسجد النبياب
CITY-ST-ZIP=:		DELETE	6.1 TI				Change	☐ Addition
		₩ prepit	6.2 N			,		_
NAME	,				T ADDRESS .			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP