

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 # P95000060955 (8)

1. Corporation Name

FORE COMMUNICATIONS, INC.



Principal Place of Business

2902 S.W. LAKEMONT PLACE
PALM CITY FL 34990

Mailing Address

2902 S.W. LAKEMONT PLACE
PALM CITY FL 34990

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2300 PALM BEACH LAKES BLVD
Suite, Apt. #, etc.

26 70 BROOKSTEIN ASSOCIATES
Suite, Apt. #, etc.

4. FEI Number

59-3330670

Applied For

Not Applicable

22 SUITE # 707B

27 780 NEW YORK AVENUE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 WEST PALM BEACH, FLORIDA

28 HUNTINGTON, NY

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33409

25 USA

29 11743

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHUBE, RUTH
2902 S.W. LAKEMONT PLACE
PALM CITY FL 34990

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

X Ruth Shube

RUTH SHUBE

2/26/96

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHUBE, RUTH
STREET ADDRESS 2902 S.W. LAKEMONT PLACE
CITY-ST-ZIP PALM CITY FL 34990

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PRESIDENT
RUTH SHUBE
2902 SW LAKEMONT PLACE
PALM CITY, FLORIDA 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
SECRETARY
DANIEL SHUBE
2902 SW LAKEMONT PLACE
PALM CITY, FLORIDA 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 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: X

Ruth Shube

RUTH SHUBE

2/26/96

(407) 615-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)