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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000078863 (4)**

1. Corporation Name
FORREST FINANCIAL, INC.

Principal Place of Business	Mailing Address
% BRUCE JAY TOLAND, ESQ. 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131	% BRUCE JAY TOLAND, ESQ. 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131-2844

3. Date Incorporated or Qualified: 10/11/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 %Bruce Jay Toland, P.A. 801 Brickell Ave.	26 %Bruce Jay Toland, P.A. 801 Brickell Ave.
Suite, Apt. #, etc. 22 Suite 1501	Suite, Apt. #, etc. 27 Suite 1501
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 US	Zip / Country 29 33131 / 30 US

4. FEI Number 65-0633217 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
TOLAND, BRUCE J 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131	81 Name: BRUCE JAY TOLAND 82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue 83: Suite 1501 84 City: Miami FL 85 Zip Code: 33131

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: _____ 4/28/97
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, CLAUDIA 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D %Bruce Jay Toland, PA ☒ Change ☐ Addition Claudia Willis 801 Brickell Ave., Suite 1501 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAI, JEANNE 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D %Bruce Jay Toland, P.A. ☒ Change ☐ Addition Jeanne Lai 801 Brickell Ave., Suite 1501 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 4/28/97 305 661-8691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeanne Lai, Director

0170271