

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

FILED

May 09 1997 8:00am
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.

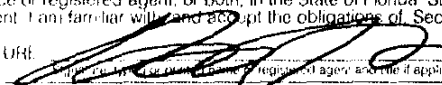


Principal Place of Business % BRUCE JAY TOLAND, ESQ. 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131	Mailing Address % BRUCE JAY TOLAND, ESQ. 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131-2944
--	---

2. 801 Bruce Jay Toland, P.A.	2a. 801 Bruce Jay Toland, P.A.	3. Date Incorporated or Qualified 10/11/1995	3a. Date of Last Report 05/01/1996
21. 801 Brickell Ave.	26. 801 Brickell Ave.	4. FEI Number 65-0633217	Applied For ☐ Not Applicable
22. Suite 1501	27. Suite 1501	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Miami, FL	28. Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. 33131	25. US	29. 33131	30. US
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

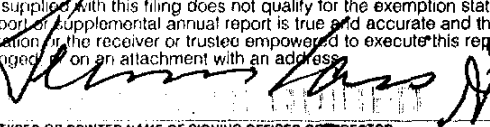
TOLAND, BRUCE J 800 BRICKELL AVE., STE. 1100 MIAMI FL 33131		81. Name BRUCE JAY TOLAND
		82. Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Avenue
		83. Suite 1501
		84. City Miami
		85. Zip Code FL 33131

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:  DATE: **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1. TITLE D %Bruce Jay Toland, P.A.	☒ Change ☐ Addition
NAME WILLIAMS, CLAUDIA		1.2 NAME Claudia Willis	
STREET ADDRESS 800 BRICKELL AVE., STE. 1100		1.3 STREET ADDRESS 801 Brickell Ave., Suite 1501	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP Miami, FL 33131	
TITLE D	☐ DELETE	2.1 TITLE D %Bruce Jay Toland, P.A.	☒ Change ☐ Addition
NAME LAI, JEANNE		2.2 NAME Jeanne Lai	
STREET ADDRESS 800 BRICKELL AVE., STE. 1100		2.3 STREET ADDRESS 801 Brickell Ave., Suite 1501	
CITY-ST-ZIP MIAMI FL 33131		2.4 CITY-ST-ZIP Miami, FL 33131	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE:  DATE: **4/28/97** DAYTIME PHONE: **305 661-8691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeanne Lai, Director

CR2E034 (9/96)