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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 # P96000051876 (6)

1. Corporation Name
FORSTER ASSOCIATES, INC.

Principal Place of Business
~~54 N.E. FOURTH AVENUE~~
~~DELRAY BEACH FL 33483~~

Mailing Address
~~54 N.E. FOURTH AVENUE~~
~~DELRAY BEACH FL 33483-4529~~

3. Date Incorporated or Qualified: 06/18/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2610 Ponce de Leon Blvd
Suite, Apt. #, etc. 22
City & State 23 Coral Gables, Florida
Zip 24 33134 Country 25 USA

2a. Mailing Address
26 2610 Ponce de Leon Blvd
Suite, Apt. #, etc. 27
City & State 28 Coral Gables Florida
Zip 29 33134 Country 30 USA

4. FEI Number 65-0677872 ☐ 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
~~COHEN, JEFFREY L~~
~~54 N.E. FOURTH AVENUE~~
~~DELRAY BEACH FL 33483~~

10. Name and Address of New Registered Agent
81 Name: JOHN J. Keenoy III
82 Street Address (P.O. Box Number is Not Acceptable): 2610 PONCE DE LEON BLVD
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: President 5/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KEENOY, JOHN J JR	
STREET ADDRESS	224 OAK FOREST DR.	
CITY-ST-ZIP	SMYRNA GA 30082	
TITLE	D	☐ DELETE
NAME	KEENOY, JOHN J III	
STREET ADDRESS	~~224 OAK FOREST DR.~~	
CITY-ST-ZIP	~~SMYRNA GA 30082~~	
TITLE	D	☐ DELETE
NAME	KEENOY, KELLY D	
STREET ADDRESS	~~224 OAK FOREST DR.~~	
CITY-ST-ZIP	~~SMYRNA GA 30082~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2610 Ponce de Leon Blvd	
2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2610 Ponce de Leon Blvd	
3.4 CITY-ST-ZIP	Coral Gables Florida 33134	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, or on an attachment with an address.

SIGNATURE (X) SECRETARY 4/17/97 444-4537

CR2E034 (9/96)