## FILED Jun 27, 2002 8:00 am Secretary of State

05-01-20	02 91	519 00	02 ***1	50.00
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PON F	norii cor	IPUNALIC	/N
UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
DOOL IS SELVE #			

DOCUMENT #

1. Entity Name

SIGNATURE

P96000087086

FORESET CORPORATION

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
140 Southeat 5th Ave.	131 NE 1st Ave.
Suite, Apt. #, etc. Suite 439	Suite, Apt. #, etc. Suite #100
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip Country	Zin Country

36994

DO NOT WRITE IN THIS SPACE

		Durec #100				
City & State	T. I	City & State		4. FEI Number	CI	Applied For
Boca Raton	, FL	Boca Raton, FL		65-0171781		Not Applicable
Ziρ	Country	Zip	Country	5. Certificate of Status Desired	<b>58.</b> 7	5 Additional
33432	Palm Beach 33432	Palm Beach			Required	
				7. Name and Address of Current R	egistered Age	nt .

## DO NOT WRITE IN THIS SPACE

	int Registered Agent
Name MURRAY-DAVID C	- 4500
MORIOT PROTECT	<u> </u>

Street Address (P.O. Box Number is Not Acceptable)

7	5.6	15th Ave	NUB
City	 سند ۸		Zip Co

- 1	The above named entity submits this statement f	or the purpose of	changing	its registered office or	registered agent,	or both, in the State of Florid	la.

	<u> </u>			
	is corporation is eligible to satisfy its Intang	ible	7	Ī
Ta	filling requirement and elects to do so.			ľ
	e criteria on back)	7		ı

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

Amended UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(12/01)

CR2E034B

11. OFFICERS AND DIRECTORS PD TITLE TITLE WOLLGIEHN HERBERT R. NAME NAME STREET ADDRESS STREET ADDRESS 140 SOUTHEAST 5th Ave STE 439 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TITLE TITLE NAME NAME HENRY POWELL STREET ADDRESS STREET ADDRESS 131 N.E. 1ST AVE STE.100 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE ---TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am anyofficer 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 11 or on an attachment with an address, with all other like empowered. 4/17/02

SIGNATURE:

<del>⊂KERD</del>ERT R.WOLLGIEHÑ.

(561)338-7113