


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099503 (0)

1. Corporation Name
FORTE ENTERPRISES, INC.

Principal Place of Business 7680 CAMBRIDGE MANOR PLACE SUITE 204 FORT MYERS FL 33907	Mailing Address 7680 CAMBRIDGE MANOR PLACE SUITE 204 FORT MYERS FL 33907-3616
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2. Principal Place of Business 21 15651 TRIPLE CROWN Ct.		2a. Mailing Address 26 15651 TRIPLE CROWN Ct.		3. Date Incorporated or Qualified 12/09/1996		3a. Date of Last Report	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0719589		Applied For Not Applicable	
City & State 23 Fort Myers FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 33912		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent DURDEN, DONALD 5100 S CLEVELAND AVENUE SUITE 318-382 FORT MYERS FL 33907				10. Name and Address of New Registered Agent 81 Name DURDEN, DONALD 82 Street Address (P.O. Box Number is Not Acceptable) 15651 TRIPLE CROWN Ct. 83 84 City Fort Myers FL 85 Zip Code 33912			

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: **DONALD R. DURDEN** *[Signature]* DATE: **4/22/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURDEN, DONALD		1.2 NAME	
STREET ADDRESS 5100 S CLEVELAND AVE STE 318-382		1.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL 33907		1.4 CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURDEN, DONALD		2.2 NAME	
STREET ADDRESS 15651 TRIPLE CROWN Ct.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS, FL 33912		2.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDRA L. DURDEN		3.2 NAME	
STREET ADDRESS 15651 TRIPLE CROWN Ct.		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33912		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: **DONALD R. DURDEN** *[Signature]* DATE: **4/22/97** 941-437-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)