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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100321 (4)

FORE'S SALES & CONSULTING, INC.

Principal Place of Business Mailing Address 2996 SE CREEKWOOD TER 2998 SE CREEKWOOD TER ARCADIA FL 34266 ARCADIA FL 34266-7143 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For aus Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Country Country Zφ Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🕅 No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name FORE, LINDA K 2998 S.E. CREEKWOOD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 34266 83 84 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE 1.1 TITLE Change TITLE NAME FORE, LINDA K 1.2 NAME 2998 SE CREEKWOOD TER 1.3 STREET ADDRESS STREET ADDRESS ARÇADIA FL 34266 CITY-\$T-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 211016 FORE, GORDON A NAME 2.2 NAME 2998 SE CREEKWOOD TER STREET ADDRESS 2.3 STREET ADDRESS ARCADIA FL 34266 City-St-ZiP 2. 4 CHY-ST-ZIP Addilion TITLE DELETÉ 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 C(TY - ST - 7)P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE **61THE** 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 17 or Block 13 if chartied or on an attachment with an address.

SIGNATURE

Xorelli !

JORDON A FORE

4/8/97 (941)993-920

FILED

Apr 14 1997 8:00am

Secretary of State