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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100321 (4)

FORE	S SALES	& CONSULTING, II	NC.	• •								
Principal Place of Business Mailing Address									- I ISBUIDDO LIA ICAID BAINI ODUL DOLLI ESKAL IK		OLDE INNO (H	IOI 1707 70 47
2998 SE CREEKWOOD TER 2998 SE CREEKWOOD TER ARCADIA FL 34266 ARCADIA FL 34266						I			DO NOT WRITE IN	THIS SP	ACE	
									3. Date Incorporated or Qualified		-102	
									12/11/1996			
2. Principal	Place of Busi	ness	28	. Mailing Address					4. FEI Number		I A	oplied For
n e				26					59-3417523			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired]	\$8.75	Additional squired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23				28					Trust Fund Contribution	כ		to Fees
Zip		Country	T	Zip		Country	,		8. This corporation owes or has pald th	ne curre	nt year Int	langible
24		25 29 30			l			Personal Property Tax due June 30. Yes No				
	g, Name	and Address of Current	Regis	stered Agent					10. Name and Address of New Regist	ered Ag	ent	
FO	DRE. LINDA	K				81	Name	•				
2998 S.E. CREEKWOOD TERRACE ARCADIA FL 34266						82	Stree	Addre	ess (P.O. Box Number is Not Acceptable)			
~	TOADIA FE	34200				83						
						84	City			FL	85 Zip	Code
11. Pursuan	to the provis	sions of Sections 607 0503	and 6	607 1508 Florida Statut	es li	he above	e-name	d corne	oration submits this statement for the nurro		hanging if	s registered
office or agent. I	registered at am familiar w	gent, or both, in the State in the and accept the obligation.	of Flori	da. Such change was if, Section 607.0505, Fi	autho orida	rized by Statutes	the co	rporatio	oration submits this statement for the purpoon's board of directors. I hereby accept the	e appoi	ntment as	registered
SIGNATURE	Signature hann	d or printed name of registered ager	d and title	Il applicable (AIOT	F · Dan	istored &ou	ent signatu	re regulte	d when reinstating) D	DATE		
12.	organio s. type	OFFICERS AND			1100	13.	or if and intro	0 1840##	ADDITIONS/CHANGES TO OFFICERS		IRECTOR	S IN 12
TITLE	D			DELETE	1	1.1 TITLE		Τ			Change	Addition
NAME	I	LINDA K			ı	1.2 NAME						
STREET ADDRESS		E CREEKWOOD TER			ı	1.3 STREET	ADDRESS	İ	•			4.5
CITY-ST-ZIP	1	IA FL 34266			1	1.4 CITY- S	T-ZIP	}				
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NAME	FORE.	GORDON A			ì	2.2 NAME		ĺ				
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STREET ADDRESS)	•			ì	3.3 STREET	ADDRESS	ì				12
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CITY-ST-ZIP TITLE				☐ DELETE	1	5.4 CITY-S 6.1 TITLE] Change	Addition
CITY-ST-ZIP				DELETE	1	5.4 CITY-S					Change	Addition

14. Thereby 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 aftachment with an address.