

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005548

1. Entity Name

FOREST HILL C/T, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90443 023 ***150.00

Principal Place of Business C/O CENTRES, INC. 3315 NORTH 124TH ST., SUITE E BROOKFIELD WS 53005	Mailing Address C/O CENTRES, INC. 3315 NORTH 124TH ST., SUITE E BROOKFIELD WS 53005-3105
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

c/o Centres, Inc.
Two Datan Center, Suite 1528
9130 S Dadeland Blvd. miami, FL
33156
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	39-1880165	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOLD SHEVIN TWO DATRAN CNTR #1528 9130 S DADELAND BLVD MIAMI FL 33156	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	KARL, KENNETH B	NAME	
STREET ADDRESS	9130 S DADELAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	NENNIG, MICHELLE M	NAME	
STREET ADDRESS	3315 N 124TH ST #E	STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD WI 53005	CITY-ST-ZIP	
TITLE		TITLE	
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		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(3)(i), 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)