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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020135

1. Corporation Name

FORBES REAL ESTATE COMPANY, INC.

		<u> </u>			
Principal Place	e of Business	Mailing Address		1 18811801 110 1911 1821 8311 8311 8411 8311	25.21 (124 \$ (114 24) 12
1250 E HALLANDALE BEACH BLVD. 6020 NE 5TH TERR STE 402 FT LAUD FL 33334 HALLANDALE FL 33009				DO NOT WOITE IN THE	CDACE
HALLANDALE FL 33009 US				DO NOT WRITE IN THIS	SPACE
03				3. Date Incorporated or Qualifed 02/28/1997	
2. Principal P	Place of Business	2a. Mailing Address	_	4. FEI Number	Ar plied For
21		26		65-0730292	Not Applicat
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 STC	_ <u></u>	27			Fee R∈quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country		Country	Trust Fund Contribution	Added to Fees
Zip	25		30	8. This corporation owes the current year into Personal Property Tax.	angible □Yes □No
24	9. Name and Address of Curre	29 Agent	1301	10. Name and Address of New Registered	
	3. Mario and Mario St. Carre	The region of the region	81 Name/ /	1.51 (<u> </u>
HON	vig, gary d esq.			arles H. Forbes U	
1:250) e hallandale beach blvd),	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE	409		83 / (3)	> 0 10.1 :	
HALI	LANDALE FL 33009		60	20 NE 5m Terr	
			84 City	Laudevalde FL	85 Zip Code
11 Pursuant	to the provisions of Sections 607.95	00: and 607.1508 Florida Statu	es, the above-named corr	poration submits this statement for the purpose of	changing its registered
office or r	registered agent, or both, in the State	e of Flyrida. Such change was a	outhorized by the corpor ati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	ntment as registered
	im lamiliar with, and agree the obto	jalious of, section out 5-05, Fit	Thursday 1	Forber II 4/21	100
SIGNATURE	Signature, typed or printed name of registerely as	and title if applicable. (NOTE	Registered Agent signature require	ed when reinstating)	H
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addi
NAME					☐ Change ☐ Addi
	FORBES, CHARLES A III		1.2 NAME		
STREET ADDRESS	ARRA ME ETH TENDANE		1.2 NAME 1.3 STREET ADDRESS		Change C Aou
STREET ADDRESS CITY-ST-ZIP		4-1922			
	6020 NE 5TH TERRACE	4-1922 ☐ DELETE	1.3 STREET ADDRESS		Change Addi
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14. Thereby certify that the information supplied with this filling 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 of, supplemental annual peptit 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 mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP