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

 PROFIT **CORPORATION ANNUAL REPORT**

1998

E.



FLORIDA DEPARTMENT OF STATE

Sandra Dr Mortham

Secretary of State DAVISION OF CORPORATIONS

P97000022079 (2) **DOCUMENT #** FORBES VENTURES, INC. Principal Place of Business Mailing Address 4401 COLETTE DRIVE 4401 COLETTE DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1997 2. Principal Place of Business 2a. Mading Address Applied For 65-0744898 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zio Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,005, Florida Statutes. (NOTE Registered Agent signature required when reinstating) (10/97 OLLICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change TITLE 1.11000 FORBES, TERENCE C CR2E034 NAME 1.2 NAME STREET ADDRESS 4401 COLETTE DRIVE 1.3 STREET ADDRESS **TEQUESTA FL 33469** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 C(1Y+S1+Z(P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(TY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY ST ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Change

Addition

FILED

May 18 1998 8:00am

Secretary of State