

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047061 (1)
1. Corporation Name
FOREST CREEK DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
3115 DIXIE HIGHWAY N.E.
PALM BAY FL 32905 3115 DIXIE HIGHWAY N.E.
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/27/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
24 Country		29 Country		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOSTRO, VICTOR S ESO 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901				81 Name PENCE, Roy			
				82 Street Address (P.O. Box Number is Not Acceptable) 3115 DIXIE HWY, N.E.			
				83			
				84 City PALM BAY FL 85 Zip Code 32905			

11. Pursuant to the provisions of Sections 607.0505 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]* Roy PENCE 1-19-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PENCE, ROY J <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POST OFFICE BOX 87	1.2 NAME	
STREET ADDRESS	PALM BAY FL 32906	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D JEFFERIES, BENJAMIN E <input type="checkbox"/> DELETE	2.1 TITLE	VSTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1050 HOLLOW BROOK LANE	2.2 NAME	
STREET ADDRESS	MALABAR FL 32950	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D FACCIOBENE, FRANK SR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	801 WEST EDGEWOOD DRIVE	3.2 NAME	
STREET ADDRESS	MELBOURNE FL 32901	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D THOMPSON, RONALD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	change <input type="checkbox"/> Addition
NAME	544 PONDEROSA STREET	4.2 NAME	
STREET ADDRESS	WEST MELBOURNE FL 32904	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SELIG, W M <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 WILLARD STREET #2C	5.2 NAME	
STREET ADDRESS	COCOA FL 32922	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 attachment with an address.

SIGNATURE: *[Signature]* 1-19-98 473/22/1998

CR2E034 (10/97)