

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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90010 049 ***558.75

NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020600

Entity Name
FORWARDING, INC.



Place of Business
MOORE ROAD
BOCA RATON FL 33496

Mailing Address
3279 CLINT MOORE ROAD
APT. 104
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1998		4. FEI Number 65-082-4503		Applied For 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 the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent IMON, SIGALOS & SPYREDES, P.A. THE SANCTUARY CENTRE 800 NORTH FEDERAL HIGHWAY, SUITE 100-D BOCA RATON FL 33431		10. Name and Address of New Registered Agent		
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City	FL	85 Zip Code		

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DPTS KAKLAMANAKIS, PETER 3279 CLINT MOORE ROAD, APT. #104 BOCA RATON FL 33496	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV KAKLAMANAKIS, MARY 3279 CLINT MOORE ROAD, APT. #104 BOCA RATON FL 33496	<input type="checkbox"/> DELETE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	4160 N W 1st Ave Ste.21
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	Kaklamanakis, Maria
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	4160 N W 1st Ave Ste.21
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 7-23-99 TIME: 561-393-8161

CR2E034 (11/98)

P98000020600
613661-90010

From the desk of
PETER KAKKAWAKIS

1-1-99

DEAR SIR OR MADAM,

ENCLOSED FIND THE CHECK
IN THE SUM OF 558⁷⁵
PLEASE FORWARD A CERTIFICATE
OF STATUS.

MY NEW ADDRESS IS
PETER KAKKAWAKIS
21222 FALLS RIDGE WAY
BOCA RATON FL. 33431.

* Address
Change

Thank you.
PETER KAKKAWAKIS

