FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90057 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S46568 1. Corporation Name FOREST HILL VENTURES, INC.					
FUHES!	TILL VENTURES, INC.				
Principal Place	e of Business	Mailing Address		i tallitels itt bruge aren atte erres rate ers	STOIL BESIG STREE GININ BENTE LAST
3208 FOREST H	HLL BOULEVARD	3208 FOREST HILL BOULEVA WEST PALM BEACH FL 3340			
· · · · · · · · · · · · · · · · · · ·			•	DO NOT WRITE IN THIS	S SPACE
 				3. Date Incorporated or Qualifed D4/16/1991	Ì
2 Principal Pi	face of Business	2a, Mailing Address		4. FEI Number	Aprilled For
21	according to the contract of t	26		65-0257405	Not Applicable
Suite, ASt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City 8 Shots		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	-	28		Trust Fund Contribution	Added to Fees
Zip	Courtry	Zip	Country	This corporation owes the current year in Personal Property Tax.	ntangible □ Yes □ No
24	9. Name and Address of Current	Pacintered Agent	<u> </u>	10. Name and Address of New Registered	
	9. Name and Address of Current	Kedista eo Agant	81 Name	10. Harris Silve years	
MOR	RIS, GEORGE F.	nnoe, Floye	a R. J.	ress (P.O. Bo> Number is Not Acceptable)	
130	IELAND WAY	1110-1 109	Street Ac di	ress (P.O. Bo) Number is Not Acceptable)	
WES	T RALIN BOPL FL 33413	OSESL A	83		
		oca Raton			85 Zip Code
44 5	to the servicions #1 St ations 607 0502	and 607 1508 Florida Statutes	the above-named or m	noration submits this statement for the purpose of	f changing its registered
office (rn	egistered agent of toth, in the States	Afforida. Such change was luth	horized by the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as reg stared
l agent. i ar	m tamiliar with, and accept the obligat	TI THINKE X	a statutes.		
SIGNATUFE	Signature, typed or printed na registered agent	and Itie if applicable. (NOT E Re	egistered Agent signature require	rd when remstating) DATE	
12.	OFFICERS AN	DIRECTORS	13.	ADDITKINS/CHANGES TO OFFICERS .N	NO DIRECTOF:S IN 12
12.	PD	DIRECTORS DELETE	1.) TITLE	ADDITIONS/CHANGES TO OFFICERS, M	ND DIRECTOF:S IN 12 Change Addition
TITLE NAME	PD MONROE, FLOYD R JR		1.1 TITLE 1.2 NAME	ADDITK INSICHANGES TO OFFICERS .	NO DIRECTOF:S IN 12 Change Addition 5
TITLE NAME STREET ADDRESS	PD MONROE, FLOYD R JR 120 SE 5TH AV		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITK INSICHANGES TO OFFICERS . I	ND DIRECTOF:S IN 12 Change Addition Change Addition
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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 ur der oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as returned by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attychment with an address, with all other like empowered.

SIGNATURE: