

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 3:00

DOCUMENT # **S62145** (5)

1. Corporation Name
FORSTER LIMITED, INC.

Principal Place of Business
**14014 TROUVILLE DRIVE
TAMPA FL 33624**

Mailing Address
**14014 TROUVILLE DRIVE
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/21/1991** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-3081132** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **12318 Ashville Drive** 26 **12318 Ashville Drive**

22 **Tampa, FL 33626** 27 **Tampa FL 33626**

24 Zip 25 Country 28 Zip 30 Country

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D & B CORPORATE SERVICES, INC.
ONE - FOURTH ST. NORTH
SUITE 770
ST. PETERSBURG FL 33701**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person named as registered agent and the filer is required)

(Signature of Registered Agent is required after recording)

(141)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST**
NAME **FORSTER, MARK**
STREET ADDRESS **3325 BAYSHORE BLVD., B38**
CITY, ST, ZIP **TAMPA FL**

1.1 TITLE **(same)** Change Addition
1.2 NAME **(same)**
1.3 STREET ADDRESS **12318 Ashville Drive**
1.4 CITY, ST, ZIP **Tampa FL 33626**

TITLE **CP**
NAME **FORSTER, KLAUS W.**
STREET ADDRESS **3325 BAYSHORE BLVD., B38**
CITY, ST, ZIP **TAMPA FL**

2.1 TITLE **CD** Change Addition
2.2 NAME **(same)**
2.3 STREET ADDRESS **12318 Ashville Drive**
2.4 CITY, ST, ZIP **Tampa FL 33626**

TITLE **D**
NAME **FORSTER, VALERIE C.**
STREET ADDRESS **3325 BAYSHORE BLVD., B38**
CITY, ST, ZIP **TAMPA FL**

3.1 TITLE **(same)** Change Addition
3.2 NAME **(same)**
3.3 STREET ADDRESS **12318 Ashville Drive**
3.4 CITY, ST, ZIP **Tampa FL 33626**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.01(7)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark E. Forster, President

3-23-95 (E13)892-4048