

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

FILED

**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038200 (7)
 1. Corporation Name
FORD FAMILY ENTERPRISES, INC.



Principal Place of Business 940 SW SECOND TER DEERFIELD BEACH FL 33441	Mailing Address 940 SW SECOND TER DEERFIELD BEACH FL 33441-5204
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3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2b. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 65-0665350	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FORD, DEMETRIC R
 940 SW SECOND TER
 DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD-MCCASKILL, WANDA D
STREET ADDRESS	748 W EVANSTON CIR
CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, PAMELA D
STREET ADDRESS	4205 STOCKBRIDGE DR
CITY-ST-ZIP	DUMFRIES VA 22026
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD-DAVIS, LANETRA J
STREET ADDRESS	2100 NE 3RD CT
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, CHRISTOPHER J
STREET ADDRESS	2800 WOODLARK DR
CITY-ST-ZIP	FT WORTH TX 76123
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, ROWENA M
STREET ADDRESS	4841 NW 6TH AVE
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, WILLIE J JR
STREET ADDRESS	1251 SW 9TH AVE
CITY-ST-ZIP	DEERFIELD BEACH FL 33441

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Demetric R. Ford* **Demetric R. Ford** 4/24/97 ⁽³⁰⁵⁾ ~~405~~ 284-2390
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)