

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

JULY - 1 AM 2:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V09045** (8)
1. Corporation Name
FORWARD ENTERPRISES, INC.

Principal Place of Business: **538 SABAL TRAIL CIRCLE LONGWOOD FL 32779**
Mailing Address: **538 SABAL TRAIL CIRCLE LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created 01/16/1992	3a. Date of Last Report 04/18/1994
4. FEET Number 59-3100939	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	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt # etc. 22	State Apt # etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent WARD, JOAN 538 SABAL TRAIL CIRCLE LONGWOOD FL 32779		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0805 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 607.0805, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS WARD, JOAN 538 SABAL TRAIL LONGWOOD FL 32779	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE	VT WARD, JEFFREY 538 SABAL TRAIL LONGWOOD FL 32779	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY, ST, ZIP		18. CITY, ST, ZIP	
TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY, ST, ZIP		22. CITY, ST, ZIP	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY, ST, ZIP		26. CITY, ST, ZIP	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY, ST, ZIP		30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it fully and accurately represents the information required by the provisions of Section 199.032, Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Joan Ward* **4-3-95 (47)774-6008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR