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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 316234

WARD AND SONS DEVELOPMENT COMPANY

Principal Place of Business Mailing Address 285 SUNRISE DR 285 SUNRISE DR KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149-2192							• .				
								3. Date Incorporated or Qualified 04/26/1967		ate of Last R 29/1996	leport
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For 59-1165183 Not Applicable				
Suite Apt # etc			Suite, Apt #, etc.								Additional
22			27					5. Certificate of Status Desired			equired
City & State			City & State					6. Election Campaign Financing	_		May Be
23	T 0-14	28		1 6	nuntra			Trust Fund Contribution	<u> </u>		to Fees
Zip <b>24</b>	Country 25	29	Zip J	30	ountry			8. This corporation has liability for i	ntangible ] Yes 🏻 🗓		. 199.032,
24	9. Name and Address of Curre			1301			<del></del> -	10. Name and Address of New Re			
WAF	ND, CHRISTOPHER B.				81	Nam	е			-,	
	SUNRISE DR		_			Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
STE 1A						-					
KEY	BISCAYNE FL 33149				83						
					84	City			FL	<b>85</b> Zip	Code
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Flo gations	rida. Such change wa of, Section 607.0505,	is authoriz Florida Si	red by tatutes	the co	orporatio	ration submits this statement for the p on's board of directors. I hereby accep	of the app	changing is ointment as	ts registered registered
12	Signature, is peel or pointed notice or registered a OFFICERS At			OTE: Registe		en: signat	ure require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE SEDS AND	DIRECTO	DC INI 12
12.	PDS	IND DIT	DELETE		TITLE		T	ADDITIONS/CHANGES TO OTTIC	LIIS AND	Change	Addition
NAME	WARD, CHRISTOPHER			1	NAME		Ì			•	
STREET ADDRESS	285 SUNRISE DR, STE 1A			13	STREET	ADDRES	s				ļ
CITY - ST - ZIP	MIAMI FL			1.4	CITY-S	T-ZIP					
TITLE			DELETE	21	TITLE					Change	Addition
NAME				22	NAME		1				
STREET ADDRESS						ADDRES	5				
CITY-ST-7/P TITLE			DELETE		TITLE	ST-ZIP				Change	Addition
NAME			Occete		NAME						
STREET AODRESS						ADDRES	s				
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TITLE			DELETE		TITLE					Change	Addition
NAME				4	2 NAME		1				
STREET ADORESS				4.3	STREET	ADDRES	s				
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TITLE			DELETE		TITLE					☐ Change	Addition
NAME					NAME	. incara					
STREET ADDRESS						ADDRES	9				
CHY-ST-ZIP THUE			DELETE		CITY-S	i · ziP	<del></del>			Change	Addition
NAME			عاديمو ب	1	NAME						
STREET ADDRESS						r addres	s				
STOLET AUDITESS					OTTA E						

14. I do noreby 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.

FILED

Jan 14 1997 8:00am

Secretary of State