PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90010 012 ***150.00

i. Corporation	MENT # 336145 LY FORD, INC.	5				
Principal Place	e of Business	Mailing Address			f 100100 lates pitta ettät tilett anen että että etett atett atett atett atett atett	
2198 N E 163R		2198 N E 163RD ST				
PO BOX 600070 PO BOX 600070					DO NOT WRITE IN THE CRACE	
NORTH MIAMI BEACH FL 33160-7070 NORTH MIAMI BEACH FL 33					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		10.00			10/08/1968 4. FEI Number Applied For	
Principal Place of Business 2a. Mailing Address						
21		26 Suite Ant # ata			59-1232788 Not Applicable \$8.75 Additional	
	Suite, Apt. #, etc.				-5.: Certificate of Status Desired Fee Required	
22	ity & State City & State		_		6. Election Campaign Financing \$5.00 May Be	
City & State		├ ─			Trust Fund Contribution Added to Fees	
23 Zip	Country		Country		8. This corporation owes the current year Intangible	
	25	29	30		Personal Property Tax. Yes No	
24	9. Name and Address of Curro		1301		10. Name and Address of New Registered Agent	
	5. Name and Address of Curr	ent Neglatorea rigent		1 Name		
BOV	VER, WILLIAM J III		L			
	3 N.E. 163RD ST.		8	2 Street	et Address (P.O. Box Number is Not Acceptable)	
	ITH MIAMI BEACH FL 33162			3		
1101	TIT MIAN DEACTITE GOTOE		`	~		
			8	4 City	FL. 85 Zip Code	
					d corporation submits this statement for the purpose of changing its registered	
SIGNATURE	Signature, typed or printed name of registered a	*	Registered A	gent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		AND DIRECTORS DELETE	117775		Change Addition	
TITLE	PC	El occerc			BOWER, W.J. JR	
NAME	BOWER, W. J JR.		1.2 NAME		BBWEK, 11.3 OT	
STREET ADDRESS	2198 NE 163RD ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 City		N. MIAM'S BEACH FL. 35162 Change Addition	
TITLE	VP	☐ DELETE	2.1 TITL		- Collarige - Collaring	
NAME	BOWER, GARY		22 NAM			
STREET ADDRESS			2.3 STREET ADDRESS		s	
CITY-ST-ZIP	·N. MIAMI BEACH FL	r=1	_	-ST-ZIP	Change Addition	
TITLE	VP	☐ DELETE	3.1 TITLE	Ē		
NAME	BOWER, WILLIAM J III		3.2 NAM	E	BOWER WILLIAM F. II	
STREET ADDRESS	2198 N.E. 163 ST.		33 STR	EET ADDRESS	\$ 2198 NE 163 ST	
CITY-ST-ZIP	N.MIAMI BCH. FL		3.4. CIT	/-ST-ZIP	S 2198 NE 163 ST N. MIAMI BEH, FL, 33162	
TITLE	D	DELETE	4.1 TITL	=	Change Addition	
NAME	MORSE, EDWARD J. S	•	4. 2 NAA	KE.		
STREET ADDRESS	2198 NE 163RD ST		4.3 STR	EET ADDRESS	s	
CITY-ST-ZIP	N MIAMI BEACH FL		4.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	5.1 T∏L		☐ Change ☐ Addition	
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	EET ADDRESS	s	
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITU	<u> </u>	☐ Change ☐ Addition	
NAME			6.2 NAM	E		
STREET ADDRESS:			6.3 STR	EET ADORESS	s)	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

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 under oath; that I am an officer or director of the corporation or the receiver or trusted en powered 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 of an attachment with an address, with all other like empowered.

SIGNATURE: