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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H28683

(1)

WARD HARRIS PROPERTIES, INC.

Principal Place of Business Mailing Address						T THE TERM DATE THE TIME THE COMPANY CONTRACTOR AND THE CONTRACTOR AND THE COMPANY OF THE COMPAN			
1600 NE 25TH AVE 1600 NE 25TH AVE POMPANO BEACH FL 33062 US			P O BOX 504 POMPANO BEACH FL 33081-0504 US						
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/09/1996				
2. Principal Pi	lace of Busines	01 .	2a. Mailing Address		4. FEI Number	1	Applied For		
21 2961 F. Las Olas BLUP Suite, Apt #, etc 22 FT. LAUDEROACE FLA. Cours State			26 PO.BOX 504			59-2501363		Not Applicable	
Suite, Apt	#, etc		Suite, Apt #, etc.	, 0.	M.M	5. Certificate of Status Desired	7	Additional	
22 -	LAUDE	KOALR FAA	27 POMPAN	OBER,	<i>5 </i>			Required	
		0. /.	City & Spffe 28 33062	Ros	מגונ	6. Election Campaign Financing Trust Fund Contribution		O May Be	
23] さ るこ Zip	, , 6	DROWALD Country	Zip Zip	Country	VALU	8. This corporation has liability for i			
24	25]	29	30		· –	Yes No	a. 100.002,	
<u>1</u>		d Address of Current				10. Name and Address of New Re	glatered Agent		
WAR	D, MARK D			81	Name				
AGGA LIF APPLIANT					Street Addre	ess (P.O. Box Number is Not Acceptab	ule)		
POMPANO BEACH FL 33062									
				63					
•				B4	City		21 85 Zij	p Code	
			1007-1000-51 11 0				<u> </u>	73	
office or re	egistered agent	t, or both, in the State c	if Florida Such change wa	as authorized by		oration submits this statement for the poon's board of directors. I hereby accep			
agent ta	m familiar with.	and accept the obligat	ions of, Section 607.0505,	Florida Statutes.		•			
SIGNATURE	Clay at my formular r	writed came of nagotiered agent	and the developing the	NOTE: Registered Agen	t signature require	rd when rein≮lating)	DATE		
12.	(11g) (11 F) , 14 f (10 17 F)	OFFICERS AND		13.	t digitatars require	ADDITIONS/CHANGES TO OFFIC		DRS IN 12	
TiTLE	DP		☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	WARD, GOF	rdon Jr.		1.2 NAME					
STREET ADDRESS	1600 NE 25			1.3 STREET	ADDRESS				
CITY+ST+7+P	POMPANO	Beach Fl.		1.4 CITY-ST	- ZIP				
THILE			L DELETE	2.1 TITLE			L Change	Addition	
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET A					
CHY-SI-7 P		MANAGEMENT OF THE PERSON OF TH	DELETE	2.4 CITY-ST 3.1 TITLE	- ZIP		Change	Addition	
TITLE NAME			- Drettr	3.2 NAME			L. Orange	- Industry	
STREET ADDRESS				3.2 NAME	INDRESS				
CHTV - ST - ZIP				34 CITY-SI					
liltf			☐ DELETE	4.1 TITLE	-"		☐ Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET A	DDRESS				
CITY-ST-ZIP				4.4 CHTY-ST	- ZIP				
TIELE			☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET A	ODRESS				
017V - ST - 712		····	T 22:222	5.4 CITY-ST	- ZIP			1 a a and .	
TITLE			☐ DELETE	6.1 TITLE			☐ Change	noitibbA	
NAME				6.2 NAME					
STREET ADDRESS	I			6.3 STREET A	ADDRESS I				

SIGNATURE:

CITY+ST-ZIP

G.D. WARD

an attachment with an 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

9547635600

FILED

Feb 07 1997 8:00am

Secretary of State