

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16, 1999 8:00 am
Secretary of State
07-16-1999 90016 010 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # H77347
1. Corporation Name
FORD REHABILITATION SERVICES, INC.

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| Principal Place of Business 135 POINT CIRCLE TEQUESTA FL 33469 | Mailing Address 135 POINT CIRCLE TEQUESTA FL 33469 |
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DO NOT WRITE IN THIS SPACE

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|--|--|---|--|---|--|
| 2. Principal Place of Business 21 1568 Point Way | | 2a. Mailing Address 26 1568 Point Way | | 3. Date Incorporated or Qualified 09/23/1985 | |
| Suite, Apt. #, etc. 22 0 | | Suite, Apt. #, etc. 27 - | | 4. FEI Number 59-2285491 | |
| City & State 23 No Palm Bch FL | | City & State 28 No Palm Bch FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33408 | | Country 25 Palm Bch | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 29 33408 | | Country 30 Palm Bch | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent FORD, CATHERINE M. 135 POINT CIRCLE TEQUESTA FL 33469 | | 10. Name and Address of New Registered Agent 81 Name FORD, Catherine M 82 Street Address (P.O. Box Number is Not Acceptable) 1568 Point Way 83 North Palm Beach 84 City FL 85 Zip Code 33408 | |
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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 *Catherine M Ford* DATE **7-7-99**

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FORD, CATHERINE M. 11380 PROSPERITY FARM RD N-PALM BEACH FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | DP Catherine Ford M. 1568 Point Way No. Palm Bch Palm Beach Gardens FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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: *Catherine M Ford* DATE: **7-7-99** 561 630 3038

CR2E034 (5/99)

589954-9006-10
177347

Ford Rehabilitation Services, Inc.

◆◆◆
1568 Point Way ◆ No. Palm Beach, Fl. 33408
Phone 561-630-3038 ◆ Fax 561-630-3076 ◆ Email FORDABLE@AOL.COM

July 7, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern;

I am in receipt of a 2nd Request for submission of my Corporate Annual Report (see enclosed copy) stating that I owe \$550 effective immediately.

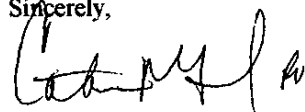
Earlier today, I called your offices and asked about the above referenced matter. In my conversation, I stated that I never received a first request and kindly asked what I should do.

I was told to write to this department at the above address and explain my situation; send in my \$150.00 and mail it out immediately.

Enclosed please find necessary documentation along with my \$150.00.

Thank you for your time and attention to this matter.

Sincerely,



Catherine M. Ford

FRS/JDK

NOTE: Correct Address is

**1568 Point Way
No. Palm Beach, Fl. 33408**