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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M79083

(5)

Mailing Address

MICHAEL R. FORD & ASSOCIATES REALTY, INC.

12794 FOREST HILL BOULEVARD. #16 12794 FOREST HILL BOULEVARD. #16 W. PALM BEACH FL 33414 W. PALM BEACH FL 33414-4757 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1988 01/26/1996 2. Principa! Place of Business 4. FEI Number 2a, Mailing Address Applied For FOREST HILL BLUDGE 11924 TOREST HILL BLUD 65-0047412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes X No Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PORRO, HILDA M. 13857 WELLINGTON TRACE Street Address (P.O. Box Number is Not Acceptable) 82 W. FOREST Suite D-1 63 WELINGTON FL 33414 CIWELLINGTON 84 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 Signature, typed or primed harve of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSD** ___ DELETE 1.1 TITLE Change Addition TITLE FORD, MICHAEL R 1.2 NAME NAME 11924 FOREST HILL BLUD #18 W. PALM BEACH FL 33414 12794 FOREST HILL BLVD. 1.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

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

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