

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90163 015 ***150.00

DOCUMENT # M86342

1. Corporation Name
JILL S. FORD, INC.

Principal Place of Business

251 S POMPANO PKWY
POMPANO BCH FL 33069
US

Mailing Address

251 S POMPANO PKWY
POMPANO BCH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1988

4. FEI Number

65-0063532

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 135 S. POMPANO PKWY

2a. Mailing Address

26 135 S. POMPANO PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 POMPANO BCH FL

City & State

28 POMPANO BEACH FL

Zip

24 33069 25 U.S.A.

Zip

29 33069 30 U.S.A.

9. Name and Address of Current Registered Agent

FORD, JILL S
207 S POMPANO PKWY
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name

FORD, JILL S.

82 Street Address (P.O. Box Number is Not Acceptable)

4100 EAST OCEAN DR

83

84

City FT LAUDERDALE

FL

85 Zip Code

33308

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME FORD, JILL S.
STREET ADDRESS 251 S POMPANO PKWY
CITY-ST-ZIP POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)