

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P40740** (3)  
1. Corporation Name  
**FORWARD DEVELOPMENT, INC.**



Principal Place of Business Mailing Address  
**128 SOUTH TRYON STREET, SUITE 900  
CHARLOTTE NC 28202**

3. Date Incorporated or Qualified **09/21/1992** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **56-1761012** Applied For ☐ Not Applicable ☐  
5. 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 of registered agent or new registered agent (if applicable) (NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE  
NAME **CP**  
STREET ADDRESS **SMYTHE, RONALD S.**  
CITY-ST-ZIP **128 S. TRYON ST #900**  
**CHARLOTTE NC**  
2. TITLE ☐ DELETE  
NAME **VCV**  
STREET ADDRESS **ZHISS, GENE**  
CITY-ST-ZIP **128 S. TRYON ST #900**  
**CHARLOTTE NC**  
3. TITLE ☐ DELETE  
NAME **DVS**  
STREET ADDRESS **PEARCE, TED P.**  
CITY-ST-ZIP **128 S. TRYON ST #900**  
**CHARLOTTE NC**  
4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP  
5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP  
9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP  
13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ted P. Pearce**

**1-22-96 704-377-8855**

CR2E034 (12/95)