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 # P93000076912 (3)

RE-WARD ENTERPRISES, INC.

Principal Place of Business Mailing Address 834 S.W. SECOND STREET 834 S.W. SECOND STREET **BOCA RATON FL 33486 BOCA RATON FL 33486-4546** 3a, Date of Last Report 3. Date Incorporated or Qualified 11/05/1993 05/01/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0472977 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 28 Zip Country Country 8. This corporation has tiability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WARD, WILLIAM D JR 934 SE SECOND STREET 62 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83

FILED Apr 30 1997 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0338387

Not Applicable

		84 City	FL 85. Zip Code
11. Pursuant to the previsions 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 reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	ा भारता है 🚾	Change Addition
NAME	WARD, WILLIAM D JR	1.2 NAME	
STREET ADDRESS	934 SW SECOND STREET	1.3 STREET ADDRESS	6
CITY - S1 - ZIP	BOCA RATON FL 33486	1.4 CITY - ST- ZIP	<u> </u>
THLF	D DELETE	21 TITLE	Change Addition
NAME	GOODFRIEND, REGINA	2.2 NAME	
STREET ADORESS	934 SW SECOND ST	2.3 STREET ADDRESS	;
CITY-ST-7IP	BOCA RATON FL	2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	;
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
GHY-SI-2iP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-SI-ZIP		54 CITY-ST-ZIP	
TiTLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	;
CITY - ST - ZIF		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 egrowered to execute this report as required by Chapter 607, Florida Statutes; and that my name agrees in Block 12 or Block 12 is charged or on an alterpretary with an address.			