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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038200 (7)

1. Corporation Name
FORD FAMILY ENTERPRISES, INC.

Principal Place of Business
940 SW SECOND TER
DEERFIELD BEACH FL 33441

Mailing Address
940 SW SECOND TER
DEERFIELD BEACH FL 33441-5204



3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

65-0665350

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

9. Name and Address of Current Registered Agent

FORD, DEMETRIC R
940 SW SECOND TER
DEERFIELD BEACH FL 33441

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME FORD-MCCASKILL, WANDA D
STREET ADDRESS 748 W EVANSTON CIR
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D ☐ DELETE
NAME FORD, PAMELA D
STREET ADDRESS 4205 STOCKBRIDGE DR
CITY-ST-ZIP DUMFRIES VA 22026

TITLE D ☐ DELETE
NAME FORD-DAVIS, LANETRA J
STREET ADDRESS 2100 NE 3RD CT
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D ☐ DELETE
NAME FORD, CHRISTOPHER J
STREET ADDRESS 2800 WOODLARK DR
CITY-ST-ZIP FT WORTH TX 76123

TITLE D ☐ DELETE
NAME FORD, ROWENA M
STREET ADDRESS 4841 NW 6TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☐ DELETE
NAME FORD, WILLIE J JR
STREET ADDRESS 1251 SW 9TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Demetric R. Ford

4/24/97

(305)

284-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0321665

CR2E034 (9/96)