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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059250

1. Corporation Name

Principal Place of Business

FORD ENTERPRISES, U.S.A., INC.

LILLU					
Feb 17, 1999 8:00am					
Secretary of State					

EII ED

02-17-1999 90017 011 ***150.00



150 AVERY DRIVE EAST AUBURNDALE FL 33823 US		812 TAMIAMI TRAIL. SUITE 1 PORT CHARLOTTE FL 33953		DO NOT WRITE IN THIS SPACE
				DO NOT WRITE IN THIS SPACE
		US		3. Date Incorporated or Qualifed
	· .			07/15/1996 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address		
21		26		59-3393665 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
22 27		27		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28		Trust (drid Commission)
Zip	Country	. Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>	Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
FORD DAVID J			82 Street Add	dress (P.O. Box Number is Not Acceptable)
150 AVERY DRIVE EAST				
AUB	URNDALE FL 33823		83	· · · · · · · · · · · · · · · · · · ·
				85 Zip Code
			84 City	FL S Zip code
<u> </u>		502 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
				tion's board of directors. I hereby accept the appointment as registered
i agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Florida	a Statutes.	1
SIGNATURE				DATE
0.0.4.1.0.12	Signature, typed or printed name of registered a	*	gistered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRECTORS	13.	Abbition Change Addition
TITLE	PT	☐ DELETE	1.1 TITLE	
NAME	FORD, DAVID J		1.2 NAME	·
STREET ADDRESS	150 AVERY DRIVE EAST		1.3 STREET ADORESS	•
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VDS	☐ DELETE	2.1 TITLE	Change Addition
NAME	FORD PAULINE R		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
	AUBURNDALE FL 33823	•	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	ADDDINDALL 1 E GOGES	DELETE	3.1 TITLE	☐ Change ☐ Addition
(, ~			3.2 NAME	
NAME	Nation of the		3.3 STREET ADDRESS	
STREET ADDRESS	35,000		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	☐ Change : ☐ Addition
TITLE .		BELETE	4.1 (ITLE 4.2 NAME	
NAME	•			
STREET ADDRESS	s		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	
NAME			. 5.2 NAME	
STREET ADDRESS	s		5.3 STREET ADDRESS	
CITY-ST-ZIP	The state of the s		5.4 CITY-ST-ZIP	
TITLE	Fuller District	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	150 VALUE (6.2 NAME	
NAME	AND THE STATE OF T		6.3 STREET ADDRESS	
STREET ADDRES	S 703		6.4 CITY-ST-ZIP	
CITY-ST-ZIP	1		0.7 OH 1 - 01 - 24	

14. 1 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 informatio 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: JOUNT OF SOUTH ST. FOR SIGNATURE OF SIGNING OFFICER OF DIRECTO

1/27/99 941 420 8300

CR2E034 (11/98)