

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


APPROVED
AND
FILED

pg. 1 of 2

97 AUG 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S60225** (7)
1. Corporation Name
WARD CONSULTING & INSTALLATION, INC.

Principal Place of Business 2139 UNIVERSITY DRIVE, STE 428 SUITE 103 CORAL SPRINGS FL 33071 US	Mailing Address 2139 UNIVERSITY DR. STE 428 SUITE 103 CORAL SPRINGS FL 33071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/13/1991	3a. Date of Last Report 05/23/1996	4. FEI Number 65-0273217	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WARD, FREDERICK M II 3591 NW 91 AVENUE SUNRISE FL 33351		10. Name and Address of New Registered Agent 81 Name FREDERICK WARD Z 82 Street Address (P.O. Box Number is Not Acceptable) 2700 MOORING CT. #301 83 84 City LANTANA FL 85 Zip Code 33462	
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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 *Frederick Ward Z* DATE **8/1/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WARD, FREDERICK M., II 3591 NW 91 AVENUE SUNRISE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900002272929--8 -08/20/97--01119--001 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, ANN 4285 REFLECTIONS BLVD S SUNRISE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, FRED M. 4285 REFLECTIONS BLVD. S SUNRISE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Frederick Ward Z* DATE **8/20/97**
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (4/97)

pg. 2012

August 15, 1997

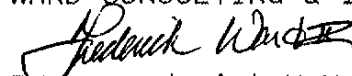
DIVISION OF CORPORATIONS
P O BOX 6327
Tallahassee, Florida 32314

RE: WARD CONSULTING & INSTALLATION, INC.

Gentlemen:

We have always filed our Corporate Annual Report and paid our filing fee in a timely fashion. This year however, we did not receive the first notice. We therefor request that any penalty be waived.

WARD CONSULTING & INSTALLATION, INC.


BY: Frederick M Ward 11
President