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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT **1999**	*(Great Seal of the State of Florida)*	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S60225

1. Corporation Name

WARD CONSULTING & INSTALLATION, INC.

Principal Place of Business	Mailing Address
2139 UNIVERSITY DRIVE. STE 428 SUITE 103 CORAL SPRINGS FL 33071 US	2139 UNIVERSITY DR. STE 428 SUITE 103 CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **06/13/1991**	
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **65-0273217**	Applied For Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip Country **24** **25**	Zip Country **29** **30**	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARD, FREDERICK Z 2790 MOORING CT. #307 LANTANA FL 33462	**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 _____

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WARD, FREDERICK M., II		1.2 NAME		
STREET ADDRESS	3591 NW 91 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, ANN		2.2 NAME		
STREET ADDRESS	4285 REFLECTIONS BLVD S		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARD, FRED M.		3.2 NAME		
STREET ADDRESS	4285 REFLECTIONS BLVD. S		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *(signature)* FREDERICK WARD Z   2/24/99   561-961-1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #