

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # **318344**
1. Corporation Name
WILLIAMSON CADILLAC COMPANY

(9)



Principal Place of Business: **7250 N KENDALL DRIVE MIAMI FL 33156**
Mailing Address: **7250 N KENDALL DRIVE MIAMI FL 33156**

3. Date Incorporated or Qualified: **06/29/1967**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-1195335**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**WILLIAMSON II, GEORGE E
7250 N KENDALL DRIVE
MIAMI FL 33156**

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0642 and 607.1503, 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 I accept the obligations of, Section 607.0645, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	WILLIAMSON II, GEORGE E	
3. STREET ADDRESS	7250 N KENDALL DR	
4. CITY - ST - ZIP	MIAMI FL	
5. TITLE	V	<input type="checkbox"/> DELETE
6. NAME	WILLIAMSON, THOMAS W	
7. STREET ADDRESS	7250 N KENDALL DR	
8. CITY - ST - ZIP	MIAMI FL	
9. TITLE	SD	<input type="checkbox"/> DELETE
10. NAME	WILLIAMSON, THOMAS W	
11. STREET ADDRESS	7250 N KENDALL DR	
12. CITY - ST - ZIP	MIAMI FL	
13. TITLE	ST	<input checked="" type="checkbox"/> DELETE
14. NAME	MORGAN, G. EDWARD	
15. STREET ADDRESS	7250 N. KENDALL DR.	
16. CITY - ST - ZIP	MIAMI FL	
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
17. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *John Nestor* **John Nestor, CFO, Sec. 2/2/96 305-670-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)