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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 742815

(4)

WILLIAMS ASSOCIATION INC

	BR M COMPONIMININI 4990					
Principal Place of	Business	Mailing Address		i iffeltt ialet grand trade sarat towar		
303 WINDSOR W PALM BCH		303 WINDSOR N W PALM BCH FL 33417				
()	. • • • • • • • • • • • • • • • • • • •			 Date Incorporated or Qualified 05/08/1978 	3a. Date of Last Re 04/04/19	95
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	 	plied For
1		26		59-1655293	\$8.75 /	t Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	
3		28		Trust Fund Contribution	Audeu	
Zip	Country	Zip	Country	This corporation has liability for in Florida Statutes	ntangible tax under s. i] Yes ☐ No	99.00Z,
4	25		[30]	10. Name and Address of New Re		
	9. Name and Address of Curren	r negistered Agent	81 Name			
			-	ress (P.O. Box Number is Not Acceptabl	le)	
	N, EMANUEL		82 Street Add	ress (P.O. Box Number is Not Acceptable	···	
WINDSO			83			
W PALM	BCH FL 33417				85 Zip	Code
			84 City		FLII	
11. Pursuant to	the provisions of Sections 617.0502	2 and 617.1508, Florida Statute: da. Such change was authorize	s, the above hamed corpo d by the corporation's boa	oration submits this statement for the pur ard of directors. Thereby accept the appo	ointment as registered a	igent. I am
or registere familiar with	n, and accept the obligations of, Sect	tion 617.0503, Florida Statutes.				
or registere familiar with	n, and accept the obligations of, sect	t and title if applicable (NOT	F: Registeraci Agent signature requir	and when reinstalling)	DATE	
or registere familiar with	n, and accept the colligations of, Sect Signature, typed or printed name of registured agent OFFICERS AN	t and tale if applicatio (NOT	F. Registered Agent's gnature recall		DATE	
or registere familiar with SIGNATURE	n, and accept the colligations of, Sections Signature typed or printed name of registured agent OFFICERS AN	t and title if applicable (NOT	F Registered Agent's gnature require 13. 1.1 TITLE	and when reinstalling)	DATE ICERS AND DIRECTOR	RS IN 12
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roun release terms 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 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on 4-01-96 689-1142 Date Deptine Phone *

SIGNATURE: