

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88618 (6)

1. Corporation Name

WILLIAMS FINANCIAL CONSULTANTS, INC.



Principal Place of Business

1515 N. FED. HWY. SUITE 217
PO BOX 338
BOCA RATON FL 33432

Mailing Address

1515 N. FED. HWY. SUITE 217
PO BOX 338
BOCA RATON FL 33432

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 S. FLAGLER DR.
WEST PALM BEACH FL 33402

3. Date Incorporated or Qualified

06/28/1982

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2204455

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of person submitting this statement (Not to be filled in by agent)

Signature of New Registered Agent (Not to be filled in by agent)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME WILLIAMS, JOSEPH P, JR
STREET ADDRESS 1515 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON, FL 00000

☐ DELETE

TITLE DST
NAME WILLIAMS, LOIS COLE
STREET ADDRESS 1515 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2.1. TITLE

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY-ST-ZIP

3.1. TITLE

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-ST-ZIP

4.1. TITLE

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-ST-ZIP

5.1. TITLE

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-ST-ZIP

6.1. TITLE

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR - SEC. TREAS.

3/21/96 407-395-9662
Date of Filing Date of Report

CR2E034 (12/95)