

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J69031 (9)

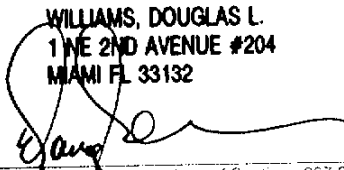
1. Corporation Name

DOUGLAS L. WILLIAMS, P.A.

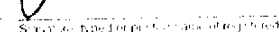


Principal Place of Business: **ONE NE 2ND AVE #204 MIAMI FL 33132**
Mailing Address: **ONE NE 2ND AVE #204 MIAMI FL 33132**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 444 Brickell Ave., #1000		26 444 Brickell Ave., #1000		04/23/1987	04/28/1995
22 Suite, Apt. #, etc. Suite 1000		27 Suite, Apt. #, etc. Suite 1000		4. FEI Number	Applied For
23 City & State Miami, Florida		28 City & State Miami, Florida		59-2798715	<input type="checkbox"/> Not Applicable
24 Zip 33131	25 Country USA	29 Zip 33131	30 Country USA	5. Certificate of Status Desired	\$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 has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

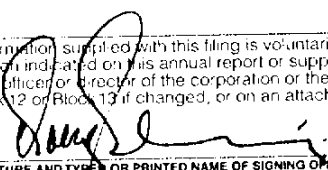
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAMS, DOUGLAS L. 1 NE 2ND AVENUE #204 MIAMI FL 33132 				81 Name	DOUGLAS L. WILLIAMS		
				82 Street Address (P.O. Box Number is Not Acceptable)	444 Brickell Avenue		
				83	Suite 1000		
				84 City	FL	85 Zip Code	33131

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:  DATE: **6-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST WILLIAMS, DOUGLAS L.	12 NAME	
STREET ADDRESS	ONE NE 2ND AVE #204	13 STREET ADDRESS	444 Brickell Ave., Suite 1000
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIAMS, DOUGLAS L.	22 NAME	
STREET ADDRESS	ONE NE 2ND AVE #204	23 STREET ADDRESS	444 Brickell Ave., Suite 1000
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33131
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **6-19-96** DAY: **3055308282**

CRE034 (3/96)