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PG 10A2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **215248** (6)
1. Corporation Name
WILLIAMS, HATFIELD & STONER, INC.



Principal Place of Business: **2101 NORTH ANDREWS AVENUE 300 FT LAUDERDALE FL 33311 US**

Mailing Address: **2101 NORTH ANDREWS AVENUE 300 FT. LAUDERDALE FL 33311 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/08/1958**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-0844318**

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

9. Name and Address of Current Registered Agent

**ANTHONY A. NOLAN
2312 WILTON DR
FORT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **2101 N. ANDREWS AVENUE**

83 **SUITE 300**

84 City: **FT. LAUDERDALE** FL 85 Zip Code: **33311**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	EBERHART, JAMES F	
STREET ADDRESS	2042	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATFIELD, LEE P., JR.	
STREET ADDRESS	2312 WILTON DR	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONER, E.W.	
STREET ADDRESS	2042 WILTON DR	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANDERS, CARROLL R	
STREET ADDRESS	2042 WILTON DR	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NOLAN, A. ANTHONY	
STREET ADDRESS	2042 WILTON DR	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARVEY, ALTON L	
STREET ADDRESS	2042 WILTON DR	
CITY - ST - ZIP	FORT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2101 N. ANDREWS AVE, STE 300
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2101 N. ANDREWS AVE, STE 300
2.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2101 N. ANDREWS AVE, STE 300
3.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2101 N. ANDREWS AVE, STE 300
4.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2101 N. ANDREWS AVE, STE 300
5.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2101 N. ANDREWS AVE, STE 300
6.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311

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 on an attachment with an address.

SIGNATURE: *[Signature]* **DAN GUERUM** 1/23/96 305-566-8341

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

CR2E034 (12/95)

215248

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WILLIAMS HATFIELD, & STONER, INC.
FEI # 59-0844318

FLORIDA DEPARTMENT OF STATE
1996 PROFIT CORPORATION ANNUAL REPORT

LINE 13: ADDITIONS TO OFFICERS AND DIRECTORS IN LINE 12

TITLE: V
NAME: PARK, JAMES E
STREET ADDRESS: 2101 N. ANDREWS AVENUE, STE 300
CITY - ST - ZIP: FT. LAUDERDALE, FL 33311

TITLE: ST
NAME: GLERUM, DAN B
STREET ADDRESS: 2101 N. ANDREWS AVENUE, STE 300
CITY - ST - ZIP: FT. LAUDERDALE, FL 33311