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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33311-3940
US

3. Date Incorporated or Qualified

09/08/1958

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-0844318

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

9. Name and Address of Current Registered Agent

ANTHONY A. NOLAN
2101 N ANDREWS AVE
STE 300
FORT LAUDERDALE FL 33311

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

VD
EBERHART, JAMES F
2101 N ANDREWS AVE, STE 300
FT. LAUDERDALE FL

DELETE

D
HATFIELD, LEE P., JR.
2101 N ANDREWS AVE, STE 300
FT LAUDERDALE FL

DELETE

D
STONER, E.W.
7101 N ANDREWS AVE, STE 300
FT LAUDERDALE FL

DELETE

VD
SANDERS, CARROLL R
2101 N ANDREWS AVE, STE 300
FORT LAUDERDALE FL

DELETE

DP
NOLAN, ANTHONY
2101 N ANDREWS AVE, STE 300
FORT LAUDERDALE FL

DELETE

V
HARVEY, ALTON L
2101 N ANDREWS AVE, STE 300
FT LAUDERDALE FL

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

NAME

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY- ST- ZIP

2.1

NAME

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY- ST- ZIP

3.1

NAME

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY- ST- ZIP

4.1

NAME

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY- ST- ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97

954-366-8341

Date

Daytime Phone #

CR2E034 (9/96)