FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 255333

WILLIAM C. WEBB & ASSOCIATES INC

Principal Place of Business 1300 N W 167 ST MIAMI FL 33169

Mailing Address

FILED Jan 23, 1999 8:00am Secretary of State

01-23-1999 90026 003 ***150.00



MIAMI FL 3		1300 N W 167 ST MIAMI FL 33169				•		
					DO NOT WRITE IN	THIS SPACE		
Į.					3. Date Incorporated or Qualifed		·. · · · ·	
2. Principa	al Place of Business	2a. Mailing Address			01/25/1962			
21	94				4. FEI Number		Applied For	
Suite A	Suite, Apt. #, etc.				59-0965095	<u> </u>	Applied For	
22		Suite, Apt. #, etc.	-			<u> </u>	Not Applicable	
City 8 Ct-1					5. Certifcate of Status Desired		5 Additional	
23		City & State			6. Election Campaign Financing		Required	
	7ip 28				Trust Fund Contribution	\$5.00 May Be		
24		Zip	Coun	try		Add	ed to Fees	
24	25		30		This corporation owes the current yea Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent			10 Name and Add	U Yes	No	
RI	IDDELL BETTY		18	1 Name	10. Name and Address of New Register	ed Agent	···	
BURRELL, BETTY			L					
1300 NW 167TH ST			8	2 Street A	treet Address (P.O. Box Number is Not Acceptable)			
Mi.	AMI FL 33169							
	•		8	3		1. 7:81 alel 21	Dir - La. Kien ingi	
			8	4 City		<u>。图图制制</u>	新新 新聞 (18)	
11 Purcuan	it to the area in the	PRANT CONTRACTOR					p Code	
office or	registered agent, or both, in the State of	and 607 1508, Florida Statut	tes, the abo	ve-named co	prporation submits this statement for the purpose ation's board of directors. I hereby accept the ap			
agent. I	am familiar with, and accept the obligati	и гюлоа. Such change was a ons of, Section 607 0505. Ele	uthorized b	y the corpora	ation's board of directors. I hereby accept the an	of changing i	its registered	
SIGNATURE			una cratote	8,	,	Jonnanoni aa	registered	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	· Paninternal Au-		<u> </u>			
12.	OFFICERS AND	DIRECTORS	13.	ant signature requ	ired when reinstating); DATE			
TITLE	STD	☐ DELETE	_		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
NAME	BURRELL, BETTY		1.1 TITLE	}	销 化心族对	☐ Change		
STREET ADDRESS			1.2 NAME	ļ			-	
CITY-ST-ZIP	MIAMI FL		1.3 STREE	TADDRESS				
TITLE	DP		1.4 CITY-S	T-ZIP	•			
NAME		☐ DELETE	2.1 TITLE					
	WEBB, WILLIAM C		2.2 NAME	İ		Change	Addition	
STREET ADDRESS	1300 N.W. 167TH ST.		2.3 STREE	T ADDOCCO	•		1	
CITY-ST-ZIP	MIAMI FL The Age of the State		1	1			ľ	
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NAME		, occie	3.1 TITLE			☐ Change	Addition	
STREET ADDRESS	भिक्षा स्थानिक । भारतीय ह	e ·	3.2 NAME					
CITY-ST-ZIP	· 新· · · · · · · · · · · · · · · · · ·		3.3 STREET	ADDRESS			}	
TILE			3.4. CITY- 8	T-ZIP		(2) 【黄色生	5.163 s	
		☐ DELETE	4.1 TITLE			3 40 7 19 0 5 4	16, 21, 130	
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ITLE		☐ DELETE	4.4 CITY-ST	-ZIP				
AME J		ri percie	5.1 TITLE			☐ Change	Addition	
TREET ADDRESS			5.2 NAME					
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TLE	Buries C. 10		5.4 CITY-ST-	ZIP			}	
	With Mar British 1	DELETE	6.1 TITLE					
WE .	MALE I	İ	6.2 NAME	}		☐ Change	☐ Addition	
REET ADDRESS			6.3 STREET A	UUDEGG			ļ	
1-01-21c	Dr.		6.4 CITY-ST	DDVE22				
hereby cei	rtify that the information supplied with th	is filing does and this	6.4 CITY-ST	ZIP:	<u>_ • _ • _ </u>		j	

4. I 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BACKTYRENGLYPPI PRINTER WHEST STOREGE OR DIRECTOR

1/5/99

(305) 624-8585

Nautime Phone #

P2E034 (44,00)