

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 282741 (8)  
1. Corporation Name  
DAN WILLIAMS & SONS, INC.



Principal Place of Business  
14125 SW 320 ST  
HOMESTEAD FL 33033  
US 33033

Mailing Address  
28105 SW 157TH AVE  
HOMESTEAD FL 33033  
Homestead, FL 33033

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/24/1964	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1055381	
24 Country		29 Country		5. Certificate of Status Desired	
25		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, D WEBSTER 28105 SW 157 AVE HOMESTEAD FL 33033		81 Name Charles W. Williams 82 Street Address (P.O. Box Number is Not Acceptable) 31050 SW 195 Ave 83 84 City Homestead FL 85 Zip Code 33033	

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, in 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 *Charles W. Williams*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Sec. / Director
NAME	WILLIAMS, CHARLES W	1.2 NAME	Dale C. Williams
STREET ADDRESS	31050 S.W. 195 AVE.	1.3 STREET ADDRESS	16981 SW 278th St.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead FL 33030
TITLE	SD	2.1 TITLE	Treas. / Director
NAME	WILLIAMS, D WEBSTER	2.2 NAME	Dwayne R. Williams
STREET ADDRESS	28105 S.W. 157 AVE.	2.3 STREET ADDRESS	2825 Fairways Dr.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* 4/22/98 305-247-2911

CR2E034 (10/97)