

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # **318344**

(9)

1. Corporation Name

WILLIAMSON CADILLAC COMPANY



Principal Place of Business

7250 N KENDALL DRIVE
MIAMI FL 33156

Mailing Address

7250 N KENDALL DRIVE
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMSON II, GEORGE E
7250 N KENDALL DRIVE
MIAMI FL 33156

3. Date Incorporated or Qualified

06/29/1967

3a. Date of Last Report

02/01/1995

4. FEI Number

59-1195335

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

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 607.0642 and 607.1503, 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 I accept the obligations of, Section 607.0645, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	P	<input type="checkbox"/> DELETE
12.2 NAME	WILLIAMSON II, GEORGE E	
12.3 STREET ADDRESS	7250 N KENDALL DR	
12.4 CITY, ST, ZIP	MIAMI FL	
12.5 TITLE	V	<input type="checkbox"/> DELETE
12.6 NAME	WILLIAMSON, THOMAS W	
12.7 STREET ADDRESS	7250 N KENDALL DR	
12.8 CITY, ST, ZIP	MIAMI FL	
12.9 TITLE	SD	<input type="checkbox"/> DELETE
12.10 NAME	WILLIAMSON, THOMAS W	
12.11 STREET ADDRESS	7250 N KENDALL DR	
12.12 CITY, ST, ZIP	MIAMI FL	
12.13 TITLE	ST	<input checked="" type="checkbox"/> DELETE
12.14 NAME	MORGAN, G. EDWARD	
12.15 STREET ADDRESS	7250 N. KENDALL DR.	
12.16 CITY, ST, ZIP	MIAMI FL	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		
12.21 TITLE		<input type="checkbox"/> DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY, ST, ZIP		

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.14 NAME	Carol Williamson	
13.15 STREET ADDRESS	7250 N. Kendall Dr.	
13.16 CITY, ST, ZIP	Miami, FL 33156	
13.17 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.18 NAME	John Nestor	
13.19 STREET ADDRESS	7250 N. Kendall Drive	
13.20 CITY, ST, ZIP	Miami, FL 33156	

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 supplementary 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: *John Nestor* John Nestor, CFO, Sec. 2/2/96 305-670-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)