

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

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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90069 025 \*\*\*150.00

**DOCUMENT # 318344**

1. Corporation Name  
**WILLIAMSON CADILLAC COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**7250 N KENDALL DRIVE  
 MIAMI FL 33156**

Mailing Address  
**7250 N KENDALL DRIVE  
 MIAMI FL 33156**

3. Date Incorporated or Qualified  
**06/29/1967**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21  Suite, Apt. #, etc.

22  City & State

23  Zip  Country

24  25  29  30

2a. Mailing Address

26  Suite, Apt. #, etc.

27  City & State

28  Zip  Country

**9. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMSON II, GEORGE E</b>            | 1.2 NAME  |   |
| STREET ADDRESS             | <b>7250 N KENDALL DR</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMSON, THOMAS W</b>               | 2.2 NAME  |   |
| STREET ADDRESS             | <b>7250 N KENDALL DR</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMSON, THOMAS W</b>               | 3.2 NAME  |   |
| STREET ADDRESS             | <b>7250 N KENDALL DR</b>                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WILLIAMSON, CAROL</b>                  | 4.2 NAME  |   |
| STREET ADDRESS             | <b>7250 N. KENDALL DRIVE</b>              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NESTOR, JOHN</b>                       | 5.2 NAME  |   |
| STREET ADDRESS             | <b>7250 NORTH KENDALL DRIVE</b>           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: John Nestor **John Nestor** 1/6/99 305-670-7100  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)