

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION:
ANNUAL REPORT
1996



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

DOCUMENT # 468296

(9)

1. Corporation Name

THE GWILLIAM CORPORATION

96FR

Principal Place of Business

Mailing Address

16945 S.W. 84 COURT
MIAMI FL 33157

16945 SW 84TH TERR
P.O. BOX 570013
MIAMI FL 33157
US

FILED

96 NOV 21 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1975		3a. Date of Last Report 06/23/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1575073		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BINGHAM, J R
899 PONCE DE LEON BLVD
SUITE 212
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Fran Clute
82 Street Address (P.O. Box Number Not Acceptable)
83 14141 S.W. 142nd Street
84 City Miami FL 85 Zip Code 33186

11. Pursuant to the provisions of Sections 607.0592 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, to 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Fran Clute
Signature of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

11/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWILLIAM, WAYNE W.	1.2 NAME	
STREET ADDRESS	16945 SW 84 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWILLIAM, LYN	2.2 NAME	
STREET ADDRESS	16945 SW 84 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWILLIAM, LYN	3.2 NAME	
STREET ADDRESS	16945 SW 84 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/96

305-253-0081

Date

Daytime Phone #

CR2E034 (3/96)

POLECAT

Polecat Industries Inc.
14141 S.W. 142 Street
Miami, FL 33186
1-800-876-5322
305-254-8999
305-254-3889 (Fax)

November 14, 1996

CERTIFIED MAIL
RETURN RECEIPT
P 284 488 784

Ms. Amy Alan
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Gwilliam Corporation

Dear Amy;

Thank you for your timely cooperation regarding the Gwilliam Corporation Annual Report problem.

As we discussed, the annual report form was not received when expected because the Division of Corporations did not record our change of address as we requested and then sent notice to "Terr" instead of "Court". Furthermore, regardless of the timing mentioned above, our report with payment in full was sent and received by your office before the corporation was administratively dissolved.

Enclosed is the \$200.00 fee you told Fran to send, along with the annual report. I commend you for being so diligent in helping me with this matter.

If you have further questions or require additional information, let me know and I will respond immediately.

Sincerely;


Wayne W. Gwilliam, President
Gwilliam Corporation

