FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **634269** **(5)**

1. Corporation Name

STRATFORD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2800 SO OCEAN BLVD., #21M BOCA RATON FL 33432	2800 SO OCEAN BLVD., #21M BOCA RATON FL 33432

3. Date Incorporated or Qualified: **08/29/1979**
3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-1980749** ☐ 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

2. Principal Place of Business
21 1230 N. HWY A1A
22 Suite, Apt. #, etc.
23 City & State: SATELLITE BCH FL
24 Zip: 32937
25 County: BREVARD

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

WILLIAMS, WILLIAM T.
2800 SO OCEAN BLVD., #21M
BOCA RATON FL 33432

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 607.0505 and 607.1938, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, WILLIAM T.		12 NAME	
STREET ADDRESS	2800 S. OCEAN BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, VIRGINIA		22 NAME	
STREET ADDRESS	2800 S. OCEAN BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, WILLIAM, JR.		32 NAME	
STREET ADDRESS	13850 ELDER CT.		33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete, and accurate; I am executing this report in compliance with 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, added, or deleted.

SIGNATURE: William T. Williams Pres. 3/28/96 (407) 368 8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
William T. Williams

CR2E034 (12/95)