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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT.
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F49012

(0)

1. Corporation Name

PHICHOL WILLIAMS ENTERPRISES, INC.

Principal Place of Business

C/O PHICHOL E. WILLIAMS, SR.
402 SW 6TH ST.
HOMESTEAD FL

Mailing Address

C/O PHICHOL E. WILLIAMS, SR.
402 SW 6TH ST.
HOMESTEAD FL 33030-7145

3. Date Incorporated or Qualified
10/06/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2168731

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

Yes

No

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

WILLIAMS, PHICHOL E., SR.
402 SW 6TH ST.
HOMESTEAD FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box)

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME WILLIAMS, VINCENT J.
STREET ADDRESS 1493 N.W. 1ST AVE.
CITY-ST-ZIP FLORIDA CITY FL

TITLE DV
NAME WILLIAMS, PHICHOL E JR.
STREET ADDRESS 402 S.W. 62 STREET
CITY-ST-ZIP HOMESTEAD FL

TITLE DS
NAME WILLIAMS, VINCENT J.
STREET ADDRESS 1493 N.W. 1ST AVE.
CITY-ST-ZIP FLORIDA CITY FL

TITLE PD
NAME WILLIAMS, PHICHOL E. SR.
STREET ADDRESS 1493 N.W. 1ST AVE.
CITY-ST-ZIP FLORIDA CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

CR2E034 (9/96)