

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0031393

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 OCT -6 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1981

4. FEI Number

59-2168731

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 402 SW 6th Street

22 Homestead Florida

23 City & State

24 33030

25 Dade

26 33030

27 U.S.

2a. Mailing Address

26 402 S.W. 6th Street

27 Suite, Apt. #, etc.

28 City & State

29 Homestead Fla

30 33030

31 U.S.

9. Name and Address of Current Registered Agent

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

81 Name

Vincent Williams

82 Street Address (P.O. Box Number is Not Acceptable)

402 S.W. 6th Street

83 City

Homestead Florida

84 Zip Code

FL 33030

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

Phichol Williams

1-305  
10-5-98 242-0625

CR2E034 (5/98)