

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F 49012

1. Corporation Name

phichol Williams Enterprises, Inc.

Principal Place of Business

Mailing Address

402 SW 6th Street  
Homestead FL 33030

402 SW 6th Street  
Homestead FL 33030

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 23 AM 10:13

08-26-99 90004 003 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-2168731

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Vincent Williams  
402 S.W. 6th Street  
Homestead Florida  
33030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

NAME

W. Williams, Vincent J.

402 SW 6th Street

Homestead FL 33030

1.2 CITY-ST-ZIP

1.3 TITLE

NAME

Williams, phichol sr.

402 SW 6th Street

Homestead FL 33030

1.4 CITY-ST-ZIP

1.5 TITLE

NAME

1.6 CITY-ST-ZIP

1.7 TITLE

NAME

1.8 CITY-ST-ZIP

1.9 TITLE

NAME

1.10 CITY-ST-ZIP

1.11 TITLE

NAME

1.12 CITY-ST-ZIP

1.13 TITLE

NAME

1.14 CITY-ST-ZIP

1.15 TITLE

NAME

1.16 CITY-ST-ZIP

1.17 TITLE

NAME

1.18 CITY-ST-ZIP

1.19 TITLE

NAME

1.20 CITY-ST-ZIP

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

000002996850--0

-09/27/99--01003--015

\*\*\*\*400.00 \*\*\*\*400.00

Change Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Vincent Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 5, 1999 305-247-xx

Date Daytime Phone #

CR2E034 (11/98)