SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. -AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

¹ 1997

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

34952

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCÜMENT # K82440

FRANK WILLIAMS REALTY, P.A.

2a. Mailing Address

City & State

Ζp

Suite, Apt. #, etc.

Port St

34952

26

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29

% KENNETH C. SUNDHEIM 10694 SOUTH FEDERAL HIGHWAY, SUITE B PORT ST. LUCIE FL 34952-6418

Port St Lucie,

10694 S. FEDERAL HIGHWAY

PORT ST. LUCIE FL 34952-6418 US

Mailing Address

<u>2910 SE Cates Circle</u>

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1989

APPROVED

97 AUG -8 AH 11: 18

SECRETARY OF STATE IALLAHASSEE, FLORIDA

3a. Date of Last Report

05/01/1996 Applied For

Not Applicable

pg.182

65-0156848 \$8.75 Additional

Certificate of Status Desired Fee Regulred 6. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible

USA Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent B1

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

9. Name and Address of Current Registered Agent WILLIAMS, FRANK 2910 SE CATES CIR PORT ST. LUCIE FL 34952

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2910 SE Cates Circle

Country

USA

	83				·
	84	City	FL	85	Zip Code
- 1					

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.

ucie, FL

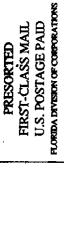
Country

82

Name

•	, ,					
SIGNATURE						
	Signature, typed or printed name of registered agent and title it app		t : Registered Agent signature requi			
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	
TITLE	D	□ DELETE	1.1 TITLE		Change	Addition
NAME	WILLIAMS, FRANK		1.2 NAME			
STREET ADDRESS	2910 SE CATES CIR		1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY - ST - ZIP	•		
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME	400002265	854·	2
STREET ADDRESS			2.3 STREET ADDRESS	400002265 -08/13/970 ****165.00	11071	004
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	***165.00	米米米 1	65.00
TITLE		DELETE	3.1 TITLE	•	Change	Addition
NAME _			3.2 NAME	•		
STREE ADDRESS			3.3 STREET ADDRESS	•		
CITY/ST-ZIP			3.4. CITY - S1 - ZIP	4		
TITE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELET E	5.1 TITLE		Change	Addition
NAME			5.2 NAME	,		
STREET ADDRESS			5.3 STREET ADDRESS	0.000		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	(1.alow		
TITLE		DELETE	6.1 TITLE	12/4/20	☐ Change	Addition
NAME			6.2 NAME	919197		
STREET ADDRESS			6.3 STREET ADDRESS	9/0///		

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.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314

702111

WILL694 349522051 1B96 29 07/20/97 NOTIFY SENDER OF NEW ADDRESS FFANK WILLIAMS REALTY 2910 SE CATES CIR PORT SAINT LUCIE FL 34952-5812

7-640494

PLEASE NOTE THE DATE THIS REPORT WAS FOWARDED TO ME AT MY PRESENT ADDRES BECAUSE OF THIS DELAY, I REQUEST AN ABATEMENT OF PENALTY.

THANK YOU FOR YOUR CONSIDERATION.