# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 8:18

DOCUMENT # L38610 (6)

1. Corporation Name
WILLIAMS CAPITAL INVESTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % CARL R. PENNINGTON JR<br>3375-A CAPITAL CIRCLE N E<br>TALLAHASSEE FL 32308 | % CARL R. PENNINGTON JR<br>3375-A CAPITAL CIRCLE N E<br>TALLAHASSEE FL 32308 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21: 215 S. MONROE ST.
Suite, Apt. #, etc.
22: TALLAHASSEE, FL.
City & State
23: 32301-1839
Zip
24:
Country
25: USA

2a. Mailing Address
26: 215 S. MONROE ST.
Suite, Apt. #, etc.
27: TALLAHASSEE, FL.
City & State
28:
Zip
29: 32301-1839
Country
30: USA

4. FEI Number: NOT APPLICABLE — ☐ 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

9. Name and Address of Current Registered Agent

PENNINGTON, CARL R., JR
~~3375-A CAPITAL CIRCLE N E~~ 215 S. MONROE ST.
TALLAHASSEE FL ~~32308~~ 32301-1839

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 607.0502 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 _____ DATE
Signature of new registered agent and the if applicable — NOTE: Registered Agent signature required when mandatory

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>WILLIAMS, FRED<br>RT 2 BOX 269<br>GREENVILLE FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>WILLIAMS, JEAN<br>RT 2 BOX 269<br>GREENVILLE FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>PENNINGTON, CARL R.<br>3375-A CAPITAL CIRCLE NE<br>TALLAHASSEE FL | 31 TITLE<br>CARL R. PENNINGTON - DIRECTOR<br>32 NAME<br>33 STREET ADDRESS<br>215 S. MONROE ST.<br>34 CITY ST ZIP<br>TALLAHASSEE, FL. 32301-1839 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Fred Williams — 6-9-95 — 904-942-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRED WILLIAMS

0027453 CP

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 11 AM 9:32

DOCUMENT # **L39269** **(0)**

1. Corporation Name

**INTERVESTCO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 511 PENN MANOR/CHANG<br>NEWARK DE 19711<br>US | 511 PENN MANOR/CHANG<br>NEWARK DE 19711<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 01/02/1990 | 3a. Date of Last Report: 04/11/1994 |
| 4. FEI Number: 22-3020504 | ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 124 VALLEY ROAD | 26 124 VALLEY ROAD |
| Suite, Apt. #, etc.<br>22 # D | Suite, Apt. #, etc.<br>27 # D |
| City & State<br>23 MONTCLAIR NJ | City & State<br>28 MONTCLAIR NJ |
| Zip / Country<br>24 07042 / 25 USA | Zip / Country<br>29 07042 / 30 USA |

**9. Name and Address of Current Registered Agent**

BENJAMIN, CHARLES D.
1 FRANKLIN PLAZA STE 2602
C/O BENJAMIN GROUP
FT LAUDERDALE FL 33394

**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 607.0502 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | BENJAMIN, CHARLES D. | 12 NAME | WU CHEN YEH | |
| STREET ADDRESS | 511 PENN MANOR/CHANG | 13 STREET ADDRESS | 124 VALLEY ROAD, UNIT #D | |
| CITY ST ZIP | NEWARK DE | 14 CITY ST ZIP | MONTCLAIR, NJ 07042 | |
| TITLE | SD | 21 TITLE | SD | ☒ Change ☐ Addition |
| NAME | CHANG, ROGER | 22 NAME | STONE YEH | |
| STREET ADDRESS | 511 PENN MANOR/CHANG | 23 STREET ADDRESS | 124 VALLEY ROAD, UNIT #D | |
| CITY ST ZIP | NEWARK DE | 24 CITY ST ZIP | MONTCLAIR, NJ 07042 | |
| TITLE | VP | 31 TITLE | M | ☐ Change ☒ Addition |
| NAME | DOLAN, HUGH, T | 32 NAME | LI-FANG YEH | |
| STREET ADDRESS | 39 LEE RD | 33 STREET ADDRESS | 124 VALLEY ROAD, UNIT #D | |
| CITY ST ZIP | LIVINGSTON NJ | 34 CITY ST ZIP | MONTCLAIR, NJ 07042 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** _____ WU CHEN YEH 6/09/95 (201)744-9158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170340 FN