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

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

DOCUM 1. Corporation I		# L4557	3	(7)							
H. J. WI	LLIAMS	ENTERPRISES,	NC.								
Principal Place of Business Mailing Address								I AND THE IS NOT DIDNING THE WASHINGTON	I IIII OKUKI DI	DIA UTUTI BAUT U	
% Judith L. Williams 157 doe trail Jupiter Fl 33458				% Judith L. Williams 157 doe trail Jupiter Fl. 33458			Date Incorporated or Qualified	<b>3a</b> . fra	ite of Last R∈	enort	
								01/23/1990	t t	)4/10/199	•
2. Principal Place of Business				2a. Mailing Address			4. FEI Number	Applied For			
21				26				65-0173523		Not Applicable	
Suite, Apt. #, etc.				Suite. Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be
<b>Z</b> iρ Country			- 20		Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25			29 30					∐No		
	9. Name	and Address of Curr	ent Regi	stered Agent	8	T NZ	 ime	10. Name and Address of New I	legistere	d Agent	
		•									
WILLIAMS, JUDITH L. 157 DOE TRAIL JUPITER FL 33458					8:	2 St	reet Addre	ress (P.O. Box Number is Not Acceptable)			
					8:	3					
					8	4 Gi		85		RE Zir	o Code
						'	•	ation submits this statement for the po	F	L	
SIGNATUREs		or printed name of registered ag	ort and tile	Mapphoarns (N.	DIE Fooisined Ag			d of directors. I hereby accept the application in a director of t	DATE		
12.	DP	OFFICERS A	NO DIRE	CTORS [] DELFTE	13.	 :	1	ADDITIONS/CHANGES TO OFF	IOI NO AI	Change	Addition
TITLE NAME	•	AS, JUDITH L.		DET 12	1.2 NAM					<b>L</b> 3.	
STREET ADDRESS	157 DO				1.3 STRE		RESS				
CITY-ST-ZIP	JUPITER				1.4 CITY	- \$1 - ZIF	,				
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NAME					2.2 NAM:						
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THE				☐ DELETE	2 4 CrTY					Change	Addition
TITLE NAME				L preent	3 2 NAM						-
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NAME					5.2 NAM		0000				
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TITLE				LJ beter	62 NAM		Ì				
NAME STREET ADDRESS					6.3 STRE		RESS				
CITY - ST - ZIP					6.4 C/TY		1				
14. Ldo hereby	certify that	the information supplie	d with th	is filing is voluntarily fur	nished and do	oos no	t of qualify f	or the exemption stated in Section 119	0.07(3)(k),	Florida Statul	tes. I further

roo nereby certify that the information supplied with this lining is voluntarily during the discussion of quality for the exemption stated in 1907 (2004), honded stated on this annual report or supplied and accurate and that my signature shall have the same logal effect as if made under early that I am an officer or director of the corporation or the receiver or trusted 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: Suclit S. Williams

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96 407-746-8679