FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAR -8 PM 3:15

DOCUMENT # N93000000618 (9)

1. Corporation Name

PAUL W. WILLIAMS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1601 FORUM PLACE CENTURION PLAZA, SUITE 1212 WEST PALM BEACH FL 33401	1601 FORUM PLACE CENTURION PLAZA, SUITE 1212 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0387525 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Suite #403	Suite, Apt. #, etc. 27: Suite #403
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAW, ELLIOT S 1601 FORUM PLACE CENTURION PLAZA, SUITE 1212 WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite #403 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PAUL W	1.2 NAME		
STREET ADDRESS	12445 PLANTATION LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL 33408	1.4 CITY-ST-ZIP		
TITLE	VTD	2.1 TITLE		☐ Change ☐ Addition
NAME	HANDELMAN, DONALD E	2.2 NAME		
STREET ADDRESS	P.O. BOX 817 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	PURCHASE NY 10577	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	HANDELMAN, WILLIAM R	3.2 NAME		
STREET ADDRESS	P.O. BOX 817 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	PURCHASE NY 10577	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	SHAW, ELLIOT S	4.2 NAME		
STREET ADDRESS	2460 HAMPTON BRIDGE RD.	4.3 STREET ADDRESS	1601 Forum Place #403	
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DEKWIATKOWSKI, HENRYK R	5.2 NAME		
STREET ADDRESS	SERENDIP COVE HOUSE, LYFORD CAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	NASSAU, BAHAMAS 07776	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul W. Williams Paul W. Williams, President 3/3/95 (407)687-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010700