FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9300000618 (9) DOCUMENT

PAUL W. WILLIAMS FOUNDATION. INC.

Secret	w j	0.			
Date Incorporated or Qualified 02/12/1993			Last Report 4/1996		
FEI Number 65-0387525	 	-	Applied For Not Applicable		
Certificate of Status Desired		\$8.75 Additional Fee Required			
Election Campaign Financing Trust Fund Contribution			5.00 May Be added to Fees		
This corporation has liability for Florida Statutes	intangible Yes	tax u	nder s. 199.032,		
Name and Address of New Re	gistered	Agent			
O.O. Box Number is Not Acceptal	ble)				
	FL	85	Zip Code		
on submits this statement for the population of directors. I hereby acce	ourpose of pt the app	chan ointm	ging its registered ent as registered		
n sainetakani	DATE		····		

FILED

Jan 27 1997 8:00am

1601 FORUM PI SUITE 403 WEST PALM BE		1601 FORUM PLACE SUITE 403 WEST PALM BEACH FL 334	101-8103				
US US		US		3. Date Incorporated or Q 02/12/1993	3. Date Incorporated or Qualified 02/12/1993 3a. Date of Last Report 02/14/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0387525	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Des	sired \$8.75 Additional		
22		27		J. Continuate of Otales Do	Fee Required		
City & State	e	City & State		6. Election Campaign Fina			
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		bliity for intangible tax under s. 199.032,		
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2		30	Fiorida Statutes 10. Name and Address of	Yes No		
	9. Name and Address of Culter	K vehistelen Wallt	81 N	ame	Hew hegistered Agent		
CHANN I	THIOT O		<u> [] </u>	arno			
SHAW, ELLIOT S 1601 FORUM PLACE		82 S	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 4	= : : : : : : : : : : : : : : : : : : :		83				
	ALM BEACH FL 33401						
VILO. 1.	ALM DENOTTE COTO		84 C	ity	B5 Zip Code		
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statute	s, the above-na	amed corporation submits this statement	for the purpose of changing its registered		
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 617.0503, Flo	uthorized by the rida Statutes.	e corporation's board of directors. I here	by accept the appointment as registered		
SIGNATURE							
	Signature, typed or printed name of registered ag			gnature required when reinstating)	DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition		
NAME	WILLIAMS, PAUL W 12445 PLANTATION LANE		1.2 NAME				
STREET ADDRESS				RESC I			
CITY-ST-ZIP	I M DAIM BEATH II 99/IDD		1.3 STREET ADD				
	N. PALM BEACH FL 33408	□ Del ete	1.4 CITY-ST-ZI		Change Addition		
TULE	VTD	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE		☐ Change ☐ Addition		
TITLE NAME	VTD HANDELMAN, DONALD E	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME	P	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS	VTD HANDELMAN, DONALD E P.O. BOX 817 N/A	☐ DELETE	1.4 CITY-ST-ZII 2.1 TITLE 2.2 NAME 2.3 STREET ADD	P	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS City-St-Zip	VTD HANDELMAN, DONALD E P.O. BOX 817 N/A PURCHASE NY 10577	_	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z	P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VTD HANDELMAN, DONALD E P.O. BOX 817 N/A PURCHASE NY 10577 STD	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE	P	Change Addition		
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	VTD HANDELMAN, DONALD E P.O. BOX 817 N/A PURCHASE NY 10577 STD HANDELMAN, WILLIAM R	_	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME	P RESS IP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VTD HANDELMAN, DONALD E P.O. BOX 817 N/A PURCHASE NY 10577 STD HANDELMAN, WILLIAM R P.O. BOX 817 N/A	_	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADD	P RESS IP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VTD HANDELMAN, DONALD E P.O. BOX 817 N/A PURCHASE NY 10577 STD HANDELMAN, WILLIAM R P.O. BOX 817 N/A PURCHASE NY 10577 S SHAW, ELLIOT S 1601 FORUM PLACE #403 WEST PALM BEACH FL D DEKWIATKOWSKI, HENRYK I SERENDIP COVE HOUSE, LY	DELETE DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME 5.3 STREET ADD	P RESS IP RESS P RESS	Change Addition Change Addition		
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP