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PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000045844 (6)

1. Corporation Name

JEFF WILLIAMS CLU & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3216 NW 84 AVE SUNRISE FL 33351 US	3126 NW 84 AVE SUNRISE FL 33351 US

3. Date Incorporated or Qualified 06/24/1993	**3a. Date of Last Report** 05/10/1995	

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number 65-0422850	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, JEFF
2536 CORAL SPRING DR.
CORAL SPRINGS FL

10. Name and Address of New Registered Agent

81	Name	WILLIAMS JEFF
82	Street Address (P.O. Box Number is Not Acceptable)	3126 NW 84 AVENUE
83		
84	City	SUNRISE	FL	85 Zip Code 33351

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 _____ (Signature, typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent's signature required when reinstating)   DATE 4/8/96

12. OFFICERS AND DIRECTORS

			13.	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**
TITLE	PT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, JEFF		1.2 NAME	PT WILLIAMS, JEFF
STREET ADDRESS	3126 NW 84 AVE		1.3 STREET ADDRESS	3126 NW 84 AVENUE
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	SUNRISE, FL 33351
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ 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		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: _____   Date 4/8/96   Daytime Phone # (407) 994-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR