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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3216 NW 84 AVE
SUNRISE FL 33351
US

Mailing Address

3126 NW 84 AVE
SUNRISE FL 33351-8910
US



3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 821 RICH DRIVE *

2a. Mailing Address

26 821 RICH DRIVE

Suite, Apt. #, etc.

22 108

Suite, Apt. #, etc.

27 108

City & State

23 DEERFIELD BEACH, FL

City & State

28 DEERFIELD BEACH, FL

Zip

24 33441

Country

25 FLORIDA

Zip

29 33441

Country

30 FLORIDA

4. FEI Number

65-0422850

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

WILLIAMS, JEFF
3126 NW 84 AVE
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

JEFFREY S. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

821 RICH DRIVE, #108

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33441

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 of the individual name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/97

12. OFFICERS AND DIRECTORS

TITLE PT
NAME WILLIAMS, JEFF
STREET ADDRESS 3126 NW 84 AVE
CITY-ST-ZIP SUNRISE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME JEFFREY S. WILLIAMS
1.3 STREET ADDRESS 821 RICH DRIVE #108
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Date

(561) 994-9994

Daytime Phone #

CR2E034 (9/96)