## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082732 (7)

WILLIAM D. MESSER, INC.

Principal Place of Business Mailing Address 138 S ANCHORAGE DR 138 S ANCHORAGE DR N PALM BEACH FL 33408 N PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0449477 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAMONT & NEIMAN P.A. ONE BISCAYNE TOWER, SUITE 3550 82 Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH BISCAYNE BOULEVARD 83 MIAMI FL 33131 Zip Code 84 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 signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE MESSER, WILLIAM D 1.2 NAME NAME 138 S ANCHORAGE DR 1.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(TY - ST - Z)P CITY-ST-ZIP Change Addition DELETÉ 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(TY-ST-ZIP CITY-ST-ZIP

14. I 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 address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

(Illum 1) Phi

DELETE

CR2E034 (10/97)

Addition

**FILED** 

Apr 15 1998 8:00am

Secretary of State