FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



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

1996 DOCUMENT

P95000000803 (3)

JULIUS WILLIAMS, P.A.				1888
Principal Place of Business	Maiing Address) INSTINCTION OF THE PRINT BRIEF	ODIN BRIEF BRIEF BRIEF FRIEF HIN 1862
1810 SABEL DRIVE DEERFIELD BEACH FL 33442	1810 SABEL DRIVE DEERFIELD BEACH FL	33442		
			3. Date incorporated or Qualified 3a 01/24/1995	Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl. #, etc.	26 Suite, Apt. #, etc.		593129223	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	<i>Z</i> ip 29	Country 30	8. This corporation has liability for intan Florida Statutes	rible tax under s. 199.032, No
9. Name and Address o	Current Registered Agent	81 Name	10. Name and Address of New Regis	
GIRNUN, MORRIS A			JULIUS WIII Am ddress (P.O. Box Number is Not Acceptable)	3
1810 SABEL DRIVE DEERFIELD BEACH FL 33442		83		
DECIMIED DESIGN TO OVER				
	77 WAVE	84 City		FL 85 Zip Code
		s, the above named con	poration submits this statement for the purpose oard of directors. I hereby accept the appointm	of changing its registered office
SIGNATURE SIGNATURE	of, Section (19505), Form Statutes	Man		0 · / L · 5 &
	FRS AND DIRECTORS	It Registeral Agent signal incired 13.	UP ADDITIONS/CHANGES TO OFFICE HE	11
TITLE	DELETE	I I TITLE	PVPST	Change Addition
NAME		1.2 NAME	JULIUS WILLIAMS	
STREET ADDRESS		1.3 STREET ADDRESS	1810 SAKEL DRIVE	
CITY-ST-24F	F) BOLETE		BEENHERO GERY	M 33442
NAME	☐ DELFTE	2 1 111/4 5		Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADORESS		
CITY - ST - ZIF		2.4 CITY - \$1 - ZIP		
TITLE	DE-FIE	3 ! Trite		Change Addition
NAME		3.2 NAME		
STREET ADORESS		3.3 STHEET ADDRESS		
CHY-ST-ZH		3.4 CrTY - ST - ZIP		77.7
TITLE	☐ DELFIE	4 1 TILE		☐ Change ☐ Addition
NAME STREET ADDRESS		4.2 NAME		2 4 74 75
City - St - Zif		4.3 STREET ADDRESS 4.4 COD - ST. ZIP	200001819 -05/14/9601002	11 () OOO
TITLE	DELETE	5 1 TILLE	***200.00	Change Addition
NAMÉ		5.2 NAME		
STREET ADDRESS		5.3 STHEET ADDRESS		
CITY - ST - ZIF		5.4 CITY+ST-ZIP		
TITLE	☐ DELETE	8 1 TITLE		Change Addition
NAME		6.2 NAME)
STREET ADDRESS		6.3 STREET ADDRESS		77
14. I do hereby certify that the information si	upplied with this films is voluntarily fundi	64 CITY - ST - ZIP	y for the exemption stated in Section 119.07(3)((a) Closida Chut de - 15 de :
Cerdiy mai the information indicated on t	nts annus; report or supplemental annu te corpor al on or the receiver or trustee	ai paport is true and acqu empowered to execute:	rate and that my signature shall have the same this report as required by Chapter 607, Florida s	choop of a fact and it was the country of the
SIGNATURE: SIGNATUR AND	TYPED OR PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	M4-16-96	Dayton Phone H