

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
 <p>DOCUMENT # P95000001351 (2)</p> <p>1. Corporation Name DONALD J. WILLIAMS, C.P.A., P.A.</p>	

Principal Place of Business 378 WHOOPING LOOP, SUITE 1208 ALTAMONTE SPRINGS FL 32701	Mailing Address 378 WHOOPING LOOP, SUITE 1208 ALTAMONTE SPRINGS FL 32701
2. Principal Place of Business 21 393 whooping Loop Suite, Apt. #, etc.	2a. Mailing Address 26 393 whooping Loop Suite, Apt. #, etc.
22 SUITE 1490 City & State	27 SUITE 1490 City & State
23 Altamonte Springs, FL Zip 32701	28 Altamonte Springs, FL Zip 32701
25 USA	29 USA
9. Name and Address of Current Registered Agent WILLIAMS, DONALD J 378 WHOOPING LOOP, SUITE 1208 ALTAMONTE SPRINGS FL 32701	

FILED
Apr 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1995	4. FEI Number 59-3303452	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
81 Name 313 Whooping Loop, Suite 1490	82 Street Address (P.O. Box Number is Not Acceptable)	83
84 City FL	85 Zip Code 32701	

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DPS	NAME WILLIAMS, DONALD J	<input type="checkbox"/> Change <input type="checkbox"/> Addition 393 whooping Loop, Suite 1490
STREET ADDRESS 378 WHOOPING LOOP, SUITE 1208 ALTAMONTE SPRINGS FL	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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 12-4 changed, or on an attachment with an address.

SIGNATURE: *Donald Williams*

407.339.4565

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