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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028174 (6)

WILLIAMS & ASSOCIATES ENTERPRISES, INC.

**FILED** 

May 05 1998 8:00am

Secretary of State

					1	
Principal Place of Business Mailing Address						
187 LAKEVIEW DRIVE		1290 NW 78TH TERRACE				
#204		PLANTATION FL 33322		DO NOT WRITE IN THIS SP	DO NOT MIDITE IN THIS SPACE	
FT. LAUDERDALE FL 33326					3. Date Incorporated or Qualified	AOL
					03/28/1996	
9 Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
		26		65-0674259	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip Country		/	This corporation owes or has paid the curre	
24	25	<b>├</b> ─ '	30	•		Yes ☐ No
<u> </u>	9. Name and Address of Curren		-		10. Name and Address of New Registered Ag	
Wil	LIAMS, BRAD A		81	Name		<del></del>
	O NW 78TH TER			<u> </u>		
PLANTATION FL 33322			82	Street	Address (P.O. Box Number is Not Acceptable)	
,	41/A(10)4   L 30322		83			
			84	City	FL	85 Zip Code
11. Pursuant (	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpose of c poration's board of directors. I hereby accept the appoi	hanging its registered
office or re	egistered agent, or both, in the State or familiar with, and accept the oblice	of Florida. Such change was a ations of Section 607 0505. Flor	uthorized b rida Statute	y the corp s	poration's board of <b>d</b> irectors. I hereby accept the appol	ntment as registered
SIGNATURE	the second secon					
	Signature, typical or printed made of registered agr	ent and title it applicable. (NOTE	Registered Ag	ent signaturn	rerequired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	DPT	DELETE 1.1 TH			L	Change
NAME	<b>Williams, Brad A</b>		1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322			ST-ZIP		
TITLE	• • •		2.1 TITLE			Change Addition
NAME	WILLIAMS, BRENT C		22 NAME			
STREET ADDRESS	1290 NW 78TH TER		2.3 STREE	T ADDRESS	• 53	
CITY-ST-ZIP	PLANTATION FL 33322		2. 4 C/TY-	SI - ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STAEE	T ADDRESS	·	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			`
TITLE		DELETE	51 TITLE	. <u>.</u>		Change Addition
NAME		•	52 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			54 CITY-			
TITLE		☐ DELETE 61		er En	<u> </u>	Change Addition
NAME	1		62 NAME			
				T ADDRESS		
STREET ADDRESS	,					
CITY-ST-ZIP			64 CITY-	51-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 eath; 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 13 if chapter 607, or on an attachment with an address.

n 11/11/1 11/11/11 11/29-9