1-23.97 9-1599 - C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039457 (2)

WILLIAMS SCIENTIFIC COMPANY

Brigging Place of Business Mailing Addrong

FILED Jan 23 1997 8:00am Secretary of State



rincipa (lac	6 Or Davis 622	Maining Address						•	****
98000 OVERSE KEY LARGO FI	EAS HIGHWAY EE-4 L 33037		86000 OVERSEAS HIGHWAY EE-4 KEY LARGO FL 33037-2139						
						3. Date Incorporated or Qualified 3a. Date of Last Report			
						05/02/1996	Va. Du	io or cas	л пороп
2. Principal P	lace of Business	28. Mailing Addr	oss			4. FEI Number			Applied For
i]		26	26			65-06 8360	5	<u> </u>	Not Applicat
Suite, Apt.	#, etc.	Suite Apt. #.	Suite Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
2		27				5. Certificate of Status Desired			Required
City & Star	e	City & State				6. Election Campaign Financing		\$5.0	00 May Be
3		28				Trust Fund Contribution			ed to Fees
Ζιρ	Country	Z _I p		Country	/	8. This corporation has liability for			er s. 199.032,
<u> </u>	25	29	30] No	
	9. Name and Address of Cu	rrent Registered Agent			····	10. Name and Address of New Re	gistered A	gent	
	Liams, William D			81	Name				
96000 OVERSEAS HIGHWAY EE-4				82	82 Street Address (P.O. Box Number is Not Acceptable)				
KEY	/ LARGO FL 33037								
				83	}				
				84	City			85 2	Zip Code
				1		poration submits this statement for the	FL]**L	
12,	Signature: type Lor profest name of equipment OF LICERS	Fragential of the Papplicable S AND DIRECTORS		tered Ag	ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECT	IORS IN 12
IZ. ITLF	D	DE		.1 TITLE		ADDITIONS/CHANGES TO OFFIC	JENO AIVU	Chang	
IAME	WILLIAMS, WILLIAM D			2 NAME					go <u></u> 110511
STREET ADDRESS	96000 OVERSEAS HIGHWA	AV FF-4	1		T ADORESS				
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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 armual 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 inchanged, or on an attachment with an address.

SIGNATURE: