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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055168 (4)

W. E. WILLIAMS ENTERPRISES. INC.

Principal Place of Business Mailing Address 508 68 AVE DR WEST 508 68 AVE DR WEST BRADENTON FL 34207 **BRADENTON FL 34207** 3. Date incorporated or Qualified 3a. Date of Last Report 06/28/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0693002 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 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 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No Zip Z_{1D} 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SWARTZ, STANLEY R 1111 THIRD AVE W STE 150 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City Zip Code 85 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, typical or printed name of registratic 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 (96/6)DELETE 1.1 TITLE Change Addition TITLE WILLIAMS, W E 1.2 NAME 508 68 AVE DR WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY - ST - 7/P 1.4 CITY - ST - ZIP DELETE Change Addition THE 2.1 T(T) F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-Z-P DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP CITY-ST-ZP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP C11Y - \$1 - ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 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 inclicated 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 pran attachment with an address

GNATURE: Warren E. Williams (1997) SIGNATURE:

FILED

Jan 24 1997 8:00am

Secretary of State