

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 # P96000083018 (7)

1. Corporation Name

WILLIAM H. FERGUSON, CPA, P.A.

Principal Place of Business

10242 NW 47TH STREET, #433
SUNRISE FL 33351

Mailing Address

10242 NW 47TH STREET, #433
SUNRISE FL 33351-7967

2. Principal Place of Business

21 10242 NW 47th Street

Suite Apt. # etc.

22 Suite # 33

City & State

23 Sunrise, Florida

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 10242 NW 47th Street

Suite Apt. # etc.

27 Suite # 33

City & State

28 Sunrise, Florida

Zip

29 33351

Country

30 USA

9. Name and Address of Current Registered Agent

MITCHELL, JOE M III
JOE M. MITCHELL, III & ASSOCIATES, P.A.
400 SE 8TH STREET
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified

10/04/1996

2a. Date of Last Report

First Report

4. FEI Number

65-0697760

5. Certificate of Status Desired

Approved For

Not Applicable

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

12.

OFFICERS AND DIRECTORS

NAME

DP

NAME

FERGUSON, WILLIAM H

STREET ADDRESS

10242 NW 47TH STREET, #433

CITY-ST-ZIP

SUNRISE FL 33351

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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***165.00 ***165.00

A. Alan
3/17/97

14. I, the undersigned, being duly sworn, depose and say that the foregoing does not qualify for the exemption stated in Section 199.032, Florida Statutes. Further, I certify that the information and data furnished herein are true and correct to the best of my knowledge and belief, and I am duly qualified to make this statement. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 17th day of March, 1997, at Tallahassee, Florida.

SIGNATURE

January 3, 1997 (954)748-5909

APPROVED
AND
FILED

97 MAR 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR02024 (03/96)