03-30-1999 90027 011 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087574

1. Corporation Name

WILLIAMS FINANCIAL SYSTEMS, INC.

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|--|--|---|--|---|---|----------------------------|
| Principal Place | e of Business | Mailing Address | | [|) | 8811 8151 (881 |
| 15 E LEXINGTO | ON LANE EAST | 15 E LEXINGTON LANE EAST | ſ | | | |
| SUITE E | | SUITE E | | | | |
| PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 3 | | 33418 | DO NOT WRITE IN THIS SPACE | | | |
| US | • | US | | 3. Date Incorporated or Qualifed | | ĺ |
| <u> </u> | <u>:</u> | | | 10/10/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | <u> </u> | plied For |
| 21 15 | exination has bast | 26 15 Lexingto | nho East | 65-0788002 | | t Applicable |
| Suite, Apt. | #, etc. J | Suite, Apt. #, etc. J | | 5. Certificate of Status Desired | \$8.75 A | |
| City & Stat | B. L. Colon II | City & State | المم كار | Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | |
| Zip | Country | Zio | Country | 8. This corporation owes the current | vear Intangible | |
| 24 334 | 14 25 USA | 29 32414 3 | 0 USA | Personal Property Tax. | ☐Yes | Z No □ |
| 1 - COL | 9. Name and Address of Current | | <u> </u> | 10. Name and Address of New Regi | stered Agent | |
| | | | 81 Name | . C 1 h | | |
| | LIAMS, LISA | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | | |
| 15 E | . Lexington lane e | | 62 Street Addi | ress (P.O. Box Number is Not Acceptable | , | |
| PALI | M BEACH GARDENS FL 33418 | | 83 | | | |
| Ì | | | | | | |
| | • | | 84 City | | ■1 85 Zip C | ode |
| 14 Purcuant | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes | the above-named corr | poration submits this statement for the pur | pose of changing its | registered |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of segmentary to the second of segments of segments. | f Florida. Such change was autrons of, Section 607.0505, Florid | norized by the corporation | poration submits this statement for the pur on's board of directors. I hereby accept the | pose of changing its e appointment as reg | registered gistered |
| office or r agent. I a | egistered agent, or both, in the State o m familiar with, and accept the obligation | if Florida, Such change was authons of, Section 607.0505, Florid and title if applicable. (NOTE: Ri | norized by the corporation a Statutes. | on's board of directors. I hereby accept th | e appointment as reg DATE ERS AND DIRECTO | RS IN 12 |
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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 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition