

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90001 016 ***550.00

DOCUMENT # **P98000055893** ✓
Corporation Name
WILLIAMS FINANCIAL CONSULTING GROUP, INC.

Principal Place of Business
**30 W GARDNER CT
TAMPA FL 33611**

Mailing Address
**2503 W GARDNER CT
TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <i>Applied For</i>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILLIAMS, MICHAEL T 2503 W GARDNER CT TAMPA FL 33611				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City FL 85. Zip Code	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	ST-ZIP	D WILLIAMS, MICHAEL T 2503 W GARDNER CT TAMPA FL 33611	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	1.2 NAME			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.2 NAME			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.2 NAME			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.2 NAME			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.2 NAME			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.2 NAME			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS			
ET ADDRESS	ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Michael T. Williams* 9/7/99 (813-931-9348)

CR2E034 (5/99)