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ANNUAL REPORT

1995

DOCUMENT # S03902

(1)

ELLEN WILLIAMS & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
2000 N FLORIDA MANGO RD SUITE 204 W PALM BEACH FL 33409		2000 N FLORIDA MANGO RD SUITE 204 W PALM BEACH FL 33409		10/01/1990		04/12/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 23 Grand Bay Cir		26 13860 Wellington Tr		65-0222451		Not Applicable	
22 Juno Beach FL		27 Suite 509		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 33408		28 Wellington FL		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May be Added to Fees	
24 33408		29 33414		8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WIMMERSHOFF, ALFRED STE 204 2000 N FLORIDA MANGO RD W PALM BEACH FL 33409		81 Name Ellen Williams 82 Street Address 23 Grand Bay Circle 83 84 Juno Beach FL 85 33408	

11. Pursuant to the provisions of Sections 607.0802 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

Ellen Williams 2/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 NAME	D WIMMERSHOFF, ROSEMARIE	11 TITLE	President
2 ADDRESS	2000 N FLORIDA MANGO RD	12 NAME	Ellen Williams
3 CITY, ST, ZIP	W PALM BEACH FL	13 STREET ADDRESS	23 Grand Bay Circle
4 NAME	D WIMMERSHOFF, ALFRED	14 CITY, ST, ZIP	Juno Beach FL 33408
5 ADDRESS	2000 N FLORIDA MANGO RD	15 TITLE	
6 CITY, ST, ZIP	W PALM BEACH FL	16 NAME	
7 NAME		17 STREET ADDRESS	
8 ADDRESS		18 CITY, ST, ZIP	
9 CITY, ST, ZIP		19 TITLE	
10 NAME		20 NAME	
11 ADDRESS		21 STREET ADDRESS	
12 CITY, ST, ZIP		22 CITY, ST, ZIP	
13 NAME		23 TITLE	
14 ADDRESS		24 NAME	
15 CITY, ST, ZIP		25 STREET ADDRESS	
16 NAME		26 CITY, ST, ZIP	
17 ADDRESS		27 TITLE	
18 CITY, ST, ZIP		28 NAME	
19 NAME		29 STREET ADDRESS	
20 ADDRESS		30 CITY, ST, ZIP	
21 CITY, ST, ZIP		31 TITLE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information and report 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. I am an officer or director of the corporation or the registered agent or have my power to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the list of officers, directors, or registered agents attached to this filing.

SIGNATURE: *Ellen Williams* 2/24/95 (407) 624-2004

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR