FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S24392** **(0)**

1. Corporation Name

W.J. COLEMAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15988 E WIND CIR SUNRISE FL 33326	15988 E WIND CIR SUNRISE FL 33326

3. Date Incorporated or Qualified: **01/11/1991**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0257242** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLEMAN, ARISA H.
15988 E WIND CIR
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name: ARISA H. COLEMAN
82 Street Address (P.O. Box Number is Not Acceptable): 11501NW 24TH ST.
83: PLANTATION
84 City: **FL** 85 Zip Code: 33323

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COLEMAN, WILLIAM J.		1.2 NAME	
STREET ADDRESS	15988 E WIND CIR		1.3 STREET ADDRESS	11501NW 24TH ST.
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33323
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	COLEMAN, ARISA H.		2.2 NAME	
STREET ADDRESS	15988 E WIND CIR		2.3 STREET ADDRESS	11501NW 24TH ST.
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33323
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

SIGNATURE: _____ 3/13/96 305 656-4160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)