

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sue E. R. Morris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V67395** (6)

1. Corporation Name  
**K. H. WILLIAMS, INC.**



Principal Place of Business: **665 NW 153 ST. MIAMI FL 33169**  
Mailing Address: **665 NW 153 ST. MIAMI FL 33169**

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

3. Date Incorporated or Qualified: **09/25/1992**  
3a. Date of Last Report: **04/24/1995**  
4. FEIN Number: **65-0362520**  
5. Certificate of Status Dispatch:  **\$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

9. Name and Address of Current Registered Agent

**WILLIAMS, KENNEDY H.  
665 NW 153 ST.  
MIAMI FL 33169**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address if NO. B or Number is Not Acceptable  
83  
84 City  
FL 85 Zip Code

11. Pursuant to the provisions of Section 607.011, Florida Statutes, the above named corporation is submitting this statement for the purpose of changing its registered office to the address listed on this form in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, a vote of the appointment as registered agent. I am hereby withdrawing the certificate of incorporation filed with the Florida Secretary of State.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, KENNEDY H.	
STREET ADDRESS	665 NW 153 ST.	
CITY, STATE, ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WANDIE	
STREET ADDRESS	665 NW 153 ST.	
CITY, STATE, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

14. I do hereby certify that the information supplied on this form is true and correct, and that I am a duly authorized officer or director of the corporation named herein. I understand that the information provided on this form is subject to public inspection and that any false information provided on this form is a violation of the laws of the State of Florida. I understand that the information provided on this form is subject to public inspection and that any false information provided on this form is a violation of the laws of the State of Florida. I understand that the information provided on this form is subject to public inspection and that any false information provided on this form is a violation of the laws of the State of Florida.

SIGNATURE: *Wandie Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (345) 687 8118

CR2E034 (12/95)