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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043568 (3)

FILED Jan 23 1998 8:00am Secretary of State

WINSTON & COMPANY, INC. Principal Place of Business Mailing Address 4344 E TRADEWINDS AVENUE 4344 E TRADEWINDS AVENUE LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0421824 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOREN, SAMUEL \$ 3099 E COMMERCIAL BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 FORT LAUDERDALE FL 33308 **B4** 85 Zip Code 11. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE WINSTON, HARRY L III 1.2 NAME NAME 4344 E TRADEWINDS AVENUE STREET ADDRESS 1.3 STREET ADDRESS LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITI F NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 T/TL€ NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - S1 - ZIP CITY-ST-ZIP

14. Thereby 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, Forida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an allachment with an address.