

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 165087 (8)**  
1. Corporation Name  
**WINTER HOUSE CORPORATION**



Principal Place of Business Mailing Address  
**615-817 BAYSHORE DRIVE FT. LAUDERDALE FL 33304-3915**  
**1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE FL 33301-2116**

3. Date Incorporated or Qualified **05/04/1951** 3a. Date of Last Report **12/09/1996**  
4. FEI Number **52-0941776** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**MOYNIHAN, JOHN L. III  
1500 BAYSHORE DR.  
HAMILTON HOUSE  
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE - Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DODSON, CHARLES W</b>	
STREET ADDRESS	<b>BLACK HOLLOW RD. BOX 197</b>	
CITY-ST-ZIP	<b>BLAIN PA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DODSON, JR., WILLIAM W</b>	
STREET ADDRESS	<b>813 RIVERVIEW RD</b>	
CITY-ST-ZIP	<b>LEMONYNE PA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STIENES, MARY B</b>	
STREET ADDRESS	<b>39 WORTHINGTON AVE</b>	
CITY-ST-ZIP	<b>SPRING LAKE NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERRANTE, CARMINE</b>	
STREET ADDRESS	<b>615 BAYSHORE DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, VERA S</b>	
STREET ADDRESS	<b>A-2301 VALLEY RD</b>	
CITY-ST-ZIP	<b>HARRISBURG PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANZESE</b>	
STREET ADDRESS	<b>615 BAYSHINE DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>ST DODSON, MARY J. B.</b>
33 STREET ADDRESS	<b>BOX 197 RR-1</b>
34 CITY-ST-ZIP	<b>BLAIN, PA 17006</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 the address.

SIGNATURE: Charles W. Dodson **PRESIDENT** **3-11-97 (717) 936-3610**  
DATE: \_\_\_\_\_ DAYTIME PHONE # **0005085**

CR2E034 (9/96)