

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT -2 AM 9:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 165087

(8)

WINTER HOUSE CORPORATION

AMENDED

Principal Place of Business
**615-617 BAYSHORE DRIVE
FT. LAUDERDALE FL 33304-3915**

Mailing Address
**1401 E. BROWARD BLVD.
SUITE 206
FT. LAUDERDALE FL 33301-2116**

3. Date Incorporated or Qualified **05/04/1951** 3a. Date of Last Report **3/19/97**

2. Principal Place of Business
21 1700 E. Las Olas Blvd.
Suite, Apt. #, etc. **22 206**
City & State **23 Ft. Lauderdale, FL**
Zip **24 33301** Country **25**

2a. Mailing Address
26 1700 E. Las Olas Blvd.
Suite, Apt. #, etc. **27 206**
City & State **28 Ft. Lauderdale, FL**
Zip **29 33301** Country **30**

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

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 John A. Mancini
82 Street Address (P.O. Box Number is Not Acceptable) 1700 E. Las Olas Blvd., Suite 206
84 City Ft. Lauderdale FL 85 Zip Code 33301

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]* **9/28/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D DODSON, CHARLES W BLACK HOLLOW RD. BOX 197 BLAIN PA DELETE
VP DODSON, JR., WILLIAM W 813 RIVERVIEW RD LEMONYNE PA DELETE
ST Dodson, Mary S.B. Box 197 RR 1 Blain, PA DELETE
D FERRANTE, CARMINE 615 BAYSHORE DR FT LAUDERDALE FL DELETE
D MARTIN, VERA S A-2301 VALLEY RD HARRISBURG PA DELETE
D FRANZESE 615 BAYSHINE DR FT LAUDERDALE FL DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **DPTS** Change Addition
1.2 NAME **Mancini, John A.**
1.3 STREET ADDRESS **1700 E. Las Olas Blvd., #206**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
2.1 TITLE **D** Change Addition
2.2 NAME **Mancini, Patti A.**
2.3 STREET ADDRESS **1700 E. Las Olas Blvd., #206**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
3.1 TITLE **D** Change Addition
3.2 NAME **Jordan, Donna**
3.3 STREET ADDRESS **1700 E. Las Olas Blvd., #206**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **700002310807--2**
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(j), 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 an address.

SIGNATURE: *[Signature]* **9/28/97 954-763-4853**

CR2E034 (9/96)



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ACCOUNT NO. : 072100000032
REFERENCE : 549714 82400A
AUTHORIZATION :
COST LIMIT : \$ 70.00

Patricia Puyate

ORDER DATE : October 1, 1997
ORDER TIME : 2:18 PM
ORDER NO. : 549714-005
CUSTOMER NO: 82400A

CUSTOMER: Linda A. Newsom, Legat Asst
Morgan Olsen & Olsen
Suite 200
315 N.e. Third Avenue
Ft. Lauderdale, FL 33301

RECEIVED
97 OCT -2 PM 4:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: WINTER HOUSE CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Stscherban

EXAMINER'S INITIALS: _____