Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90014 049 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 187061

1. Corporation Name

WYNNEV	VOOD GIFTS, INC.								
Principal Place	of Business	Mailing Address				דוום טווסם ווספו וווטו נסטוו וטופעו ו	ים נוסנה ווסום וסוו לי	1911 93911 911	ועטו וישוע זוע
% MICHAEL BROWN 3195 PONCE DE LEON BLVD. CORAL GABLES FL 33134  % MICHAEL BROWN 3196 PONCE DE LEON BLVD. CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						·			1
0 D = 1 D	ace of Business	2a. Mailing Address				08/08/1955 4. FEI Number		T App	lied For
<b>─</b> , '	ace of pusifiess	<b>⊢</b> •				59-0752887		<del></del>	Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						Certificate of Status Desired	<u> </u>	8.75 Ac	dditional
22		City & State		-					<u> </u>
City & State		28	3			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip				Country		8. This corporation owes the current			{
24	25 29 30					Personal Property Tax. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered Age	<u>nt</u>	
<b>.</b>	LACE O DOOMNI			81	Name				[
MICHAEL S. BROWN 3195 PONCE DE LEON BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)			
CORAL GABLES FL 33134				83			1		
e.				84	City	FL '			ode
office or re agent. I as	to the provisions of sections our vocations for vocations of sections of secti	of Florida. Such change was a ions of, Section 607.0505, Flo	authorizeo orida Stat	d by t tutes.	the corporation	oration submits this statement for the pon's board of directors. I hereby accept divide the reinstating)	the appointme	int as regi	istered
12.	OFFICERS AND	) DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR	
πιε	PD DELETE 1.1		1,1 11	TLE				Change	☐ Addition
NAME	HERTZ, ARTHUR H.		1.2 N	1.2 NAME					
STREET ADDRESS	3195 PONCE DE LEON BLVD.		1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		1,4 CMY-ST-ZI		r-ZIP				
TITLE			2.1 11	ITLE				Change	☐ Addition
NAME	BROWN, MICHAEL S. 22N		AME			•		{	
STREET ADORESS			TREET	ADDRESS					
CITY-ST-ZIP			TY-S1	T-ZIP					
TITLE				TLE				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 5	TREET	ADDRESS				
CITY-ST-ZIP	•		3.4. CITY-		T-ZIP				
TITLE		☐ DELETE	4.1 11	ITLE				Change	☐ Addition
NAME			4.2 N	AME					{
STREET ADDRESS	,		4.3 \$	TREET	ADDRESS	•			
CITY-ST-ZIP			4.4 CITY-5		r-ZIP				
TITLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 N	AME			•	*,	
STREET ADDRESS	* * *		5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	TY-ST	T-ZIP				
TITLE	☐ DELETE 6.1		6.1 T	TLE				Change	☐ Addition

14. I 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 employed 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 acquess with all other like empowered.

6.4 CITY-ST-ZIP

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS