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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 529992 (0)

1. Corporation Name

~~J.M.T. PROPERTY SERVICES, INC.~~

Michael Wink Construction, Inc.

WC 4/1/96 JR

Principal Place of Business	Mailing Address
~~1620 S. FEDERAL HIGHWAY~~ ~~SUITE 206~~ ~~POMPANO BEACH FL 33062-4519~~	~~1620 S. FEDERAL HIGHWAY~~ ~~SUITE 206~~ ~~POMPANO BEACH FL 33062-4519~~

3. Date Incorporated or Qualified: 03/24/1977
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business
21: 7722 So. US Hwy One
22: Suite, Apt. #, etc
23: City & State: Hypoluxo, FL
24: Zip: 33462 25: Country

2a. Mailing Address
26: 7722 So. US Hwy One
27: Suite, Apt. #, etc.
28: City & State: Hypoluxo, FL
29: Zip: 33462 30: Country

4. FEI Number: 59-1742675 ☐ 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

~~WINK, MARK~~
~~1620 S. FEDERAL HWY.~~
~~SUITE 206~~
~~POMPANO BEACH FL 33062~~

10. Name and Address of New Registered Agent

81 Name: WINK, MARK
82 Street Address (P.O. Box Number is Not Acceptable): 7722 So. US Hwy One
83
84 City: Hypoluxo FL 85 Zip Code: 33462

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINK, MARK J ~~1620 S. FEDERAL HWY., #206~~ ~~POMPANO BEACH FL 33062~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition MARK WINK 7722 S. US HWY ONE HYPOLUXO, FL 33462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MICHAELS, ED JR ~~1620 S. FEDERAL HWY., #206~~ ~~POMPANO BEACH FL 33062~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition EDWARD MICHAEL JR. 7722 S. US HWY ONE HYPOLUXO, FL 33462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001784966 -04/18/96--01012--0[illegible] ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 4-17-96 JR

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: _____ 04-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #