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PROFIT CORPORATION ANNUAL REPORT



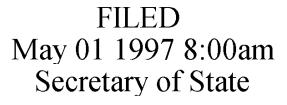
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 529992

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MICHAEL WINK CONSTRUCTION, INC. Principal Place of Business Mailing Address 7722 \$ US HWY ONE 7722 \$ US HWY ONE HYPOLUXO FL 33462 HYPOLUXO FL 33462									
						3. Date incorporated or Qualified 03/24/1977		ate of Last R 1 17/1996	eport
2. Principal I	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number	1 41		plied For
21		26				59-1742675			t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 . Fee Ro	
City & Sta	ale	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ	Country	Zip	Cou	untry		8. This corporation has liability for	r intangible	tax under s	. 199.032,
24	25	[29]	30				☐ Yes ☐		
	9. Name and Address of Cu	rrent Registered Agent		24		10. Name and Address of New F	Registered	Agent	
	NK, MARK			81	Name				
	22 S US HWY ONE POLUXO FL 33462				Street Addre	ess (P.O. Box Number is Not Accept	able)		
				83					
				84	City	7141		85 Zip	Code
	······						<u> </u>	<u>. </u>	
	and the following or partial areas								ranietorad
		tate of Florida Such change w bligations of, Section 607.0505	ras authorize i, Florida Stat	d by t tutes.	the corporati	oration submits this statement for the ion's board of directors. I hereby acc	ept the app	ointment as	Togistoreu
office or agent. I SIGNATURE	Signature, typeid or proded name of registere	d agent and utle if applicable	(NOTE Registers			ed when reinstating)	DATE		
SIGNATURE	Signature, typical or profed name of registere OFFICERS	d agent and the if applicable [(NOTE: Registers	d Agent			DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TILLE	Signature: typical or provided name of registers OFFICERS	d agent and utle if applicable	(NOTE: Registers	od Agent		ed when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature: typed or product name of registers OFFICERS P WINK, MARK J	d agent and the if applicable [(NOTE: Registers 13. 1.1 TI	od Agent ITLE IAME	nlupen erutangia t	ed when reinstating)	DATE	DIRECTOR	RS IN 12
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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:

Daytime Phone #