FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

| [| OCUMENT . Corporation Name | # | | | | | |
|---|-------------------------------|---|--|--|--|--|--|

755291

(2)

| WINEW | /OOD EAST II, A CONDON | AINIUM, INC. | | | | | |
|--|--|--|---------------------------------|---|---|--|--|
| Principal Place | of Business | Mailing Address | | | FIRMEN INDU AND BRICE FIRM TO THE | . DIÐI WIÐIL ÐIÐIL ÐIÐIL ÐI | ### ##### ############################ |
| % GEORGE ANDERSON 1416 DENHOLM DR TALLAHASSEE FL 32312 | | % George Anderson 1416 Denholm dr Tallahassee FL 32312 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 11/25/1980 | 3a. Date of Las 02/17/ | |
| 2. Principal Place of Business | | 2a. Mailing Address 26 | | | 4. FEI Number Applied For 59-2059952 Not Applied be | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 5 Additional Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | 00 May Be led to Fees | |
| Ζφ 24 | Country 25 | Zip 29 3 | Country 30 | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Re | gistered Agent | |
| | | | 81 | Name | | | |
| | SON, GEORGE ENHOLM DR | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | ASSEE FL 32312 | | 83 | | | | |
| | | | 84 | City | | FL 85 2 | Zip Code |
| 11. Pursuant t | o the provisions of Sections 617.050 | 2 ang Str. 1598, Florida Statutes, | the above- | named corpora | ation submits this statement for the purp | | registered office |
| or register familiar wit | ed agent, or both in the State of Flor th, and accept the obligations of, Soc | ida. Sach change vas authorized tion 617,0503, Tiorida Statutes. | by the corp | oration's boar | ation submits this statement for the purp d of directors. I hereby accept the appo | intment as registere | d agent. I am |
| SIGNATURE | ///www | Cludler | | | Janua | my 20, 19 | 196 |
| - | | | | 4 signature required | Twhen ranstating) | ATE * | |
| 12. | PDT OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | | |
| TITLE NAME | ANDERSON, GEORGE | | 1 1 TITLE 1 2 NAME | | | Change | e |
| STREET ADDRESS | 1416 DENHOLM DRIVE | | 1.3 STREET | r Annaece | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY - S | | | | |
| TIFLE | SD | DELETE | 2 1 TITLE | ,1 211 | | Change | e Addition |
| NAME | ETHERIDGE, JAY | | 2.2 NAME | | | | |
| STHEET ADDRESS | 1942-B DARRYL DR | | 2 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 2. 4 CITY - | ST-ZIP | | | |
| TITLE | D | DELETE | 3.1 TITL€ | | | Change | e Addition |
| NAME | BANERJEE, DILIP | | 3.2 NAME | | | | |
| STREET ADDRESS | 1942-C DARRYL DRIVE | | 3 3 STREE | ADORESS | | | |
| C-TY-ST-Z-P | TALLAHASSEE FL | □ DELETE | 34 CITY- | ST-ZIP | | Change | a Addition |
| TITCE NAME | | Libertur | 4.1 TITLE 4.2 NAME | | | change | |
| STREET ADDRESS | | | | r address | | | |
| CITY - ST - ZIP | | | 4.4 CITY-1 | | | | |
| TITLE | | DDELETE | 5 1 TITLE | 2" | | Change | e 🔲 Addition |
| NAME | | | 5 2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | F ADDRESS | | | |
| CITY - ST - ZIP | | | 5.4 CITY-5 | ST - ZIP | | | |
| TITLE | | DELETE | 6.1 THTLE | | | ☐ Change | e Addition |
| NAMÉ | | | 6 2 NAME | | | | |
| STREET ADDRESS | | | | F ADDRESS | | | |
| CITY-ST-ZIP | us partific that the information as a second | المانية المنافقة المن | 64 CIFY - S | ST-ZIP | or the exemption stated in Casting 440.6 | 17/0VIA Elasida C+-+ | h doe 16 jether |
| certify that oath; that appears in | is coary that the information subplied t the information indicated on this and I am an officer or director of the corp in Block 12 or Block 13 if changed, or | nual poor or supplemental annual option or the receiver or trustee a son an attronment with an addres | report is tr empowered s. | ue and accuration execute this | or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 617, Flo | same lega effect as irida Statutes; and t | if made under that my name |

SIGNATURE: