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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H43260** (9)

1. Corporation Name
WINMARK DEVELOPMENT CORPORATION

Principal Place of Business: **6716 HILLSIDE LANE LANTANA FL 33462**

Mailing Address: **6716 HILLSIDE LANE LANTANA FL 33462**

2. Principal Place of Business: **7722 So. Hwy U.S. #1**

2a. Mailing Address: **7722 So. Hwy U.S. #1**

23. City & State: **Hypoluxo, Fla.**

24. Zip: **33462**

25. Country: **Palm Beach**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/18/1985**

3a. Date of Last Report: **04/05/1994**

4. FEI Number: **65-0247033**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**KUHARCIK, JOSEPH
1211 THE PLAZA
SINGER ISLAND FL**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____

85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WINK, MARK
STREET ADDRESS	6716 HILLSIDE LANE
CITY - ST - ZIP	LANTANA FL
TITLE	6TD
NAME	MICHAEL, EDWARD
STREET ADDRESS	5290 S.W. 6TH STREET
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	POTOCZEK, BARBARA
STREET ADDRESS	5290 S.W. 6TH STREET
CITY - ST - ZIP	MARGATE FL
TITLE	ST
NAME	Julia S. Carniello
STREET ADDRESS	1621 N.W. 45th St.
CITY - ST - ZIP	Oakland Park, Fla.
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____
TITLE	_____
NAME	_____
STREET ADDRESS	_____
CITY - ST - ZIP	_____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JULIA
13 STREET ADDRESS	_____
14 CITY - ST - ZIP	_____
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ST JULIA S. Carniello
23 STREET ADDRESS	1621 N.W. 45th St.
24 CITY - ST - ZIP	Oakland Park, Fla.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	_____
33 STREET ADDRESS	_____
34 CITY - ST - ZIP	_____
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	_____
43 STREET ADDRESS	_____
44 CITY - ST - ZIP	_____
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	_____
53 STREET ADDRESS	_____
54 CITY - ST - ZIP	_____
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	_____
63 STREET ADDRESS	_____
64 CITY - ST - ZIP	_____

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)(k), 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: **MARK J. WINK** **4/5/95**

(Signature, typed or printed name of signing officer or director) (Date)