

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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: 7722 SO. HWY US #1, HYPOLUXO FL 33462, US  
Mailing Address: 7722 SO. HWY US #1, HYPOLUXO FL 33462, US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/18/1985	04/11/1995
4. FEI Number	Applied For
65-0247033	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KUHARCIC, JOSEPH 1211 THE PLAZA SINGER ISLAND FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input checked="" type="checkbox"/> DELETE	1.2 NAME					
STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS					
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input type="checkbox"/> DELETE	2.2 NAME					
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS					
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input checked="" type="checkbox"/> DELETE	3.2 NAME					
STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS					
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input type="checkbox"/> DELETE	4.2 NAME					
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS					
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input type="checkbox"/> DELETE	5.2 NAME					
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS					
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<input type="checkbox"/> DELETE	6.2 NAME					
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS					
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 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 Wink - President 3/21/94  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)