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**Apr 24 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # J02662 (1)
1. Corporation Name
EDWARD N. WINTZ, P.A.



Principal Place of Business
9130 SOUTH DADELAND BLVD. SUITE 1700 MIAMI FL 33156 US

Mailing Address
9130 SOUTH DADELAND BLVD. SUITE 1700 MIAMI FL 33156-7858 US

3. Date Incorporated or Qualified **03/08/1986** 3a. Date of Last Report **01/24/1996**

4. FEI Number **59-2644203** 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

2. Principal Place of Business
21 **9350 S. DIXIE Hwy**
Suite, Apt. #, etc. **PH1**
City & State **MIAMI FL**
Zip **33156** Country **US**

2a. Mailing Address
26 **9350 S. DIXIE Hwy**
Suite, Apt. #, etc. **P.H. #1**
City & State **MIAMI FL**
Zip **33156-2945** Country **US**

9. Name and Address of Current Registered Agent
**WINTZ, EDWARD N.
9130 S. DADELAND BLVD. SUITE 1700
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **9350 S. DIXIE Hwy**
83 **Penthouse 1**
84 City **MIAMI** FL 85 Zip Code **33156**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST <input type="checkbox"/> DELETE
NAME	WINTZ, EDWARD N.
STREET ADDRESS	9130 S. DADELAND BLVD. SUITE 1700
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9350 S. DIXIE Highway PH#1
1.4 CITY-ST-ZIP	MIAMI FL 33156
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: _____ DATE: **4/15/97** DAYTIME PHONE #: **305 670 9948**

CR2E034 (9/96)