

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K38052 (2)**

1. Corporation Name  
**WINNIE & CELINA, INC.**



Principal Place of Business: **4301 S.W. 33RD STREET HOLLYWOOD FL 33142-4312**  
Mailing Address: **4301 S.W. 33RD STREET HOLLYWOOD FL 33142-4312**

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 <b>2037 Hollywood Blvd</b>	<b>10/10/1988</b>	<b>02/23/1995</b>
22 Suite, Apt #, etc.		27	4. FEI Number	Applied For
23 City & State		28 <b>Hollywood, FL</b>	<b>65-0075227</b>	Not Applicable
24 Zip	25 Country	29 <b>33020</b>	30 Country	5. Certificate of Status Desired
				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
<b>MCCARTHY, WINNIE I. 4301 S.W. 33RD STREET HOLLYWOOD FL 33023</b>			
83		84 City	
		<b>FL</b> 85 Zip Code	

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's signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCARTHY, WINNIE I.</b>	1.2 NAME	
STREET ADDRESS	<b>4301 S.W. 33 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDIBLE, CELINA B.</b>	2.2 NAME	
STREET ADDRESS	<b>710 TYLER STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCARTHY, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>4301 SW 33 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6/17/96** (305) 925-8396

CR2E034 (3/96)