

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78276

FILED  
Jan 25, 2012  
Secretary of State

Entity Name: WINSTON TOWERS 1988, INC.

**Current Principal Place of Business:**

C/O ST. JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE, SUITE 701  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

C/O ST. JOHN, ROSSIN, BURR & LEMME, P.A.  
1601 FORUM PLACE, SUITE 701  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

C/O ST. JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE, SUITE 701  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

C/O ST. JOHN, ROSSIN, BURR & LEMME, P.A.  
1601 FORUM PLACE, SUITE 701  
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0051390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURR, ROBERT ESQ  
1601 FORUM PLACE  
SUITE 701  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: DUTIL, SOPHIE  
Address: 26 ABERDEEN AVENUE  
City-St-Zip: WESTMOUNT, QC H3Y 3A4 CA

Title: PD  
Name: DUTIL, MARCEL  
Address: 211 ECHO DRIVE  
City-St-Zip: JUPITER, FL 33458 US

Title: SD  
Name: DUTIL, ANNE-MARIE  
Address: 703 GROSVENOR  
City-St-Zip: WESTMONT, QC H3Y 2T1 CA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE-MARIE DUTIL

SD

01/25/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date