FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **238366** **(9)**

1. Corporation Name
THE WINTER HAVEN CORPORATION

Principal Place of Business	Mailing Address
991 HILLSBORO BEACH P.O.BOX 2795 POMPANO BCH. FL 33072-2795	991 HILLSBORO BEACH P.O.BOX 2795 POMPANO BCH. FL 33072-2795

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1960**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-6078844** ☐ 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

9. Name and Address of Current Registered Agent

HAASS, ROBERT O.
991 HILLSBORO BEACH
POMPANO BCH. FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KLIBER, R. J.	12 NAME		
STREET ADDRESS	720 N. OXFORD RD.	13 STREET ADDRESS		
CITY ST ZIP	GROSSE P WOODS MI	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ANGELL, PHILIP S.	22 NAME		
STREET ADDRESS	420 FORELANDS RD.	23 STREET ADDRESS		
CITY ST ZIP	ANNAPOLIS MD	24 CITY ST ZIP		
TITLE	PD	31 TITLE	STD	☒ Change ☐ Addition
NAME	HAASS, E. H.	32 NAME	Stephen A. Haass	
STREET ADDRESS	991 HILLSBORO BCH	33 STREET ADDRESS	991 Hillsboro Bch.	
CITY ST ZIP	POMPANO BCH. FL	34 CITY ST ZIP	Pompano Bch, FL	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BAUMAN, SUZANNE P.	42 NAME		
STREET ADDRESS	339 AUSTRALIAN AVENUE	43 STREET ADDRESS		
CITY ST ZIP	PALM BEACH FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	COOPER, WILLIAM S.	52 NAME		
STREET ADDRESS	12927 GUACAMAYO CT.	53 STREET ADDRESS		
CITY ST ZIP	SAN DIEGO CA	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(i), Florida Statutes. I further certify that the information indicated on the 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: Ralph Kliber PRES. + DIRECTOR 2/14/95 313-343-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ralph J. Kliber