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 # **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

3. Date Incorporated or Qualified: **07/11/1960**
3a. Date of Last Report: **04/07/1995**

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

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

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 607.0505 and 607.1502, 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 _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	KLIBER, R. J.	
STREET ADDRESS	720 N. OXFORD RD.	
CITY-ST-ZIP	GROSSE P WOODS MI	
TITLE	VD	☐ DELETE
NAME	ANGELL, PHILIP S.	
STREET ADDRESS	420 FORELANDS RD.	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	STD	☐ DELETE
NAME	HAASS, STEPHEN A	
STREET ADDRESS	991 HILLSBORO BCH	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VD	☐ DELETE
NAME	BAUMAN, SUZANNE P.	
STREET ADDRESS	339 AUSTRALIAN AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	☐ DELETE
NAME	COOPER, WILLIAM S.	
STREET ADDRESS	12927 GUACAMAYO CT.	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 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: Ralph J. Kliber 3/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Ralph J. Kliber, President
313-343-8860
Area Code & Daytime Phone Number

04439239 FP

CR2E034 (12/95)