

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 238366 (9)**  
 1. Corporation Name  
**THE WINTER HAVEN CORPORATION**

Principal Place of Business <b>991 HILLSBORO BEACH          P.O. BOX 2795          POMPANO BCH. FL 33072-2795</b>	Mailing Address <b>991 HILLSBORO BEACH          P.O. BOX 2795          POMPANO BCH. FL 33072-2795</b>
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2. Principal Place of Business 21 <b>3751 N.E. 27th Ave.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lighthouse Point, FL</b> Zip Country 24 <b>33064</b> 25 <b>Broward</b>		2a. Mailing Address 26 <b>P. O. Box 2795</b> Suite, Apt. #, etc. 27 City & State 28 <b>Pompano Beach, FL</b> Zip Country 29 <b>33072-2795</b> 30 <b>Broward</b>		3. Date Incorporated or Qualified <b>07/11/1960</b>	3a. Date of Last Report <b>03/29/1996</b>
		4. FEI Number <b>59-6078844</b>		Applied For Not Applicable	
		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HAASS, ROBERT O.          991 HILLSBORO BEACH          POMPANO BCH. FL 33062</b>		10. Name and Address of New Registered Agent 81 Name <b>Haass, Robert O.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3751 N.E. 27th Avenue</b> 83 84 City <b>Lighthouse Point, FL</b> 85 Zip Code <b>33064</b>	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD KLUBER, R. J. 720 N. OXFORD RD. GROSSE P WOODS MI</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD ANGELL, PHILIP S. 420 FORELANDS RD. ANNAPOLIS MD</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD HAASS, STEPHEN A 991 HILLSBORO BCH POMPANO BCH. FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Haass, Stephen A. 3751 N.E. 27th Ave. Lighthouse Point, FL 33064</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD BAUMAN, SUZANNE P. 339 AUSTRALIAN AVENUE PALM BEACH FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VD COOPER, WILLIAM S. 12927 GUACAMAYO CT. SAN DIEGO CA</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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. Klubler **RALPH J. KLUBER** 2/14/97 213-843-8860  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)