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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 238366

1. Corporation Name
THE WINTER HAVEN CORPORATION

Principal Place of Business	Mailing Address
3751 N.E. 27TH AVE LIGHTHOUSE POINT FL 33064 US	P.O. BOX 2795 POMPANO BCH. FL 33072-2795 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/11/1960

4. FEI Number: 59-6078844 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3751 N.E. 27th Ave.	26 P. O. Box 5700
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lighthouse Point, Fla.	City & State 28 Lighthouse Point, Fla.
Zip / Country 24 33064 25 U.S.A.	Zip / Country 29 33074-5700 30 U.S.A.

9. Name and Address of Current Registered Agent

HAASS, STEPHEN A
3751 N.E. 27TH AVE
LIGHTHOUSE POINT FL 33064

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KLIBER, R. J.		1.2 NAME	
STREET ADDRESS	720 N. OXFORD RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE P WOODS MI		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANGELL, PHILIP S.		2.2 NAME	
STREET ADDRESS	420 FORELANDS RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAASS, STEPHEN A		3.2 NAME	
STREET ADDRESS	3751 N.E. 27TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, SUZANNE P.		4.2 NAME	
STREET ADDRESS	339 AUSTRALIAN AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, WILLIAM S.		5.2 NAME	
STREET ADDRESS	12927 GUACAMAYO CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Robert J. Kliber - president and director 3/6/99 313 343 8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #