

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

DOCUMENT # 238366 (9)
1. Corporation Name
THE WINTER HAVEN CORPORATION

**APPROVED
AND
FILED**
95 APR -7 AM 6:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1960		3a. Date of Last Report 05/01/1994	
21		26		4. FEI Number 59-6078844		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**HAASS, ROBERT O.
991 HILLSBORO BEACH
POMPAHO BCH. FL 33062**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	PD
NAME	KLIBER, R. J.	1.2 NAME	☒ Change ☐ Addition
STREET ADDRESS	720 N. OXFORD RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	GROSSE P WOODS MI	1.4 CITY, ST, ZIP	
TITLE	VD	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	PD	3.1 TITLE	STD ☒ Change ☒ Addition
NAME	HAASS, E. H.	3.2 NAME	Stephen A. Haass
STREET ADDRESS	991 HILLSBORO BCH	3.3 STREET ADDRESS	991 Hillsboro Bch.
CITY, ST, ZIP	POMPAHO BCH. FL	3.4 CITY, ST, ZIP	Pompano Bch, FL
TITLE	VD	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	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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 110.07(2)(b), 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 1807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Ralph J. Kliber

Pres. + Director 2/14/95

313-343-8860

(Telephone Number)