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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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: 03/29/1996

2. Principal Place of Business
21 3751 N.E. 27th Ave.
Suite, Apt. #, etc.
22
City & State
23 Lighthouse Point, FL
Zip 24 33064 Country 25 Broward

2a. Mailing Address
26 P. O. Box 2795
Suite, Apt. #, etc.
27
City & State
28 Pompano Beach, FL
Zip 29 33072-2795 Country 30 Broward

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: Haass, Robert O.
82 Street Address (P.O. Box Number is Not Acceptable): 3751 N.E. 27th Avenue
83
84 City: Lighthouse Point, FL 85 Zip Code: 33064

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	STD	☒ Change ☐ Addition
NAME	HAASS, STEPHEN A		3.2 NAME	Haass, Stephen A.	
STREET ADDRESS	991 HILLSBORO BCH		3.3 STREET ADDRESS	3751 N.E. 27th Ave.	
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
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 (9/96)

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. Kliber RALPH J. KLIBER 5/14/97 318-343-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160100