

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 358126 (1)

1. Corporation Name
WYNNE BUILDING CORPORATION



Principal Place of Business: 12804 SW 122 AVENUE MIAMI FL 33186
Mailing Address: 12804 SW 122 AVENUE MIAMI FL 33186

3. Date Incorporated or Qualified: 01/12/1970
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-1294759
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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNNE, JOEL
12804 SW 122 AVENUE
MIAMI FL 33186

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 607.0907 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11. TITLE	VTD	<input type="checkbox"/> DELETE
12. NAME	NEWMAN, HARVEY	
13. STREET ADDRESS	8000 S U. S. 1	
14. CITY-STATE-ZIP	PORT ST LUCIE FL	
15. TITLE	PD	<input type="checkbox"/> DELETE
16. NAME	WYNNE, JOEL	
17. STREET ADDRESS	12804 SW 122 AVE	
18. CITY-STATE-ZIP	MIAMI FL	
19. TITLE	VD	<input type="checkbox"/> DELETE
20. NAME	WYNNE, CHESTER	
21. STREET ADDRESS	12804 SW 122 AVE	
22. CITY-STATE-ZIP	MIAMI FL	
23. TITLE	VD	<input type="checkbox"/> DELETE
24. NAME	WYNNE, MATTHEW L.	
25. STREET ADDRESS	8000 SO U. S. 1	
26. CITY-STATE-ZIP	PORT ST. LUCIE FL	
27. TITLE	VSD	<input type="checkbox"/> DELETE
28. NAME	WYNNE, ERIC P.	
29. STREET ADDRESS	8000 SO U.S. 1	
30. CITY-STATE-ZIP	PORT ST. LUCIE FL	
31. TITLE		<input type="checkbox"/> DELETE
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-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)(k), 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, 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) and is furnished with an address.

SIGNATURE: *Joel F. Wynne* JOEL F. WYNNE Feb. 1, 1996 (305) 235-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. DATE DISTRICT PREFIX #

CR2E034 (12/95)