FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00							FILED				
CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				Jan 21 1997 8:00am Secretary of State			
1997				Secretary of State DIVISION OF CORPORATIONS			ONS				
	MENT # n Name WINTRY ENT	401467 Erprises, inc),	(6)				I HANKA KANA ANA INA INA INA INA INA INA INA INA			
Principal Place of Business Mailing Address 879 ELGIN DR P.O. BOX 181857 WINTER SPRINGS FL 32708 CASSELBERRY FL 32718-19 US US					957		<u></u>	3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Pl	lace of Business		2a.	Mailing Address				05/18/1972 4. FEI Number	01/	19/1996	plied For
			26	Duibe Ant H ato				59-1398512		No	t Applicable
Suite. Apt			27]	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State 3	e		28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 4	25	Country	29	Zip	Co 30	untry	1	S. This corporation has liability for i Florida Statutes	- ~ -	tax under s.	199.032,
	9. Name and	Address of Curren		lered Agent		81		10. Name and Address of New Re			
)rstein,joan Elgin dr.	WAHL				82	Name Stroot Add	dress (P.O. Box Number is Not Acceptab			
	TER SPRINGS	FL 32708						iress (P.U. Box number is not Acceptab			
						83					
						84		poration submits this statement for the p	FL	85 Zip (
agent. La SIGNATURE	m familiar with, a Signatuse typecter pre	nd accept the obliga estimated energies age OFFICERS AND	ntions of	, Section 607.0505, Fil (applicable (NO) TORS	orida Sta	atute ed Age	S.	ation's board of directors. I hereby accer ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE NAME	PD Boorstein,	IOAN WAHI		L] DELETE		title. Name				📋 Change	Addition
STREET ADDRESS	879 ELGIN D	RIVE					ADDRESS				
OTY - ST - ZIP	WINTER SPR	NGS FL		DELETE		DITY-5 TITLE	ST-ZIP			Change	Addition
IAMÉ	BOORSTEIN,					NAME					L
IREET ADDRESS	879 Elgin D Winter Spr						TADDRESS ST-ZIP				Ĩ
IITLE				DELETE	311	TITLE		n Mark Marka Anna Anna Anna Anna Anna Anna Anna An		Change	Addition
NAME STREET ADDRESS						NAME Street	ADDRESS				
CITY ST ZIP				Doutt			ST - ZIP			E Charge	- Addition
TITLE NAME				DELETE		title Name				Change	Addition
STHEET ADDRESS					435	STREET	ADDRESS				
DUTY - SY - ZIP NYLE				DELETE		CITY-S TITLE	51-2IP			Change	Addition
JAME					5.21	NAME					
TREET ADDRESS RTY - ST - Zip							I ADDRESS ST-21P				
ITLE				DELETE	6.1	TITLE		M # # # * * * * * * * * * * * * * * * *		Change	Addition
IAME STREET ADDRESS						NAME STREET	ADDRESS				
CITY - S! - ZIP		,			6.4	CITY-S	ST-ZIP				
14. I do heret	by certily that the on indicated on th fficer or director in Block 12 or Blo	ic snough report or e	unalam	optal appual roport is t	ify for the	e exe	emption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	L offeet a	n il mada uni	dor oath that