

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 481276

(4)

1. Corporation Name

WINTEL SERVICE CORPORATION



Principal Place of Business

1051 BENNETT DR.  
LONGWOOD FL 32750  
US

Mailing Address

PO BOX 528200  
LONGWOOD FL 32752-8200  
US

3. Date Incorporated or Qualified  
07/28/1975

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1051 Bennett Drive

4. FEI Number

59-1607366

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

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

28 Longwood, FL

24 Zip

25 Country

29 Zip

30 32750

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINMETZ, DAVID G.  
1051 BENNETT DR.  
LONGWOOD FL 32750

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STEINMETZ, DAVID G.  
STREET ADDRESS 1051 BENNETT DRIVE  
CITY-ST-ZIP LONGWOOD, FL 00000

TITLE D ☐ DELETE

NAME CIALONE, ANTHONY N.  
STREET ADDRESS 22-59 35TH STREET  
CITY-ST-ZIP ASTORIA, NY 0

TITLE T ☒ DELETE

NAME SPARKS, MARCIA R.  
STREET ADDRESS 1051 BENNETT DRIVE  
CITY-ST-ZIP LONGWOOD FL

TITLE SD ☐ DELETE

NAME KALTNECKER, WILLIAM C.  
STREET ADDRESS 44 WALL ST  
CITY-ST-ZIP NY NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Steinmetz

4/22/96

(407)834-1188

Date

Daytime Phone #

CR2E034 (12/95)