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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600834

1. Corporation Name FEIN AND WINTON, P.A.

Principal Place of Business 21150 BISCAYNE BLVD. SUITE 404 AVENTURA FL 33180 US

Mailing Address 21150 BISCAYNE BLVD. SUITE 404 AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1969

4. FEI Number 59-1233791 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country 25

29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION INC. 417 E. VIRGINIA STREET #1 TALLAHASSEE FL 32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD WINTON, LAWRENCE MD DELETED STREET ADDRESS 21150 BISCAYNE BLVD. SUITE 404 CITY-ST-ZIP AVENTURA FL 33180

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETED STREET ADDRESS CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETED STREET ADDRESS CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETED STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETED STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition

TITLE NAME DELETED STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(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 applicable or on an attachment with an address, with all other like empowered.

SIGNATURE

Signature of Lawrence Winton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)