


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 650452 (6)

1. Corporation Name
WILLIAM M. WINKEL, P.A.

Principal Place of Business
2628 FOREST HILL BLVD
W PALM BEACH FL 33406
US

Mailing Address
2628 FOREST HILL BLVD.
W PALM BEACH FL 33406
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1980	
21 7301 So. Dixie Hwy.	26 7301 So. Dixie Hwy.	4. FEI Number 59-1960276		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State W. Palm Bch., FL	28 City & State W. Palm Bch., FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33405	25 Country Palm Beach	29 Zip 33405	30 Country Palm Beach	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WINKEL, WILLIAM M, PA 2628 FOREST HILL BLVD W PALM BEACH FL 33406				10. Name and Address of New Registered Agent	
81 Name William M. Winkel, P.A.				82 Street Address (P.O. Box Number is Not Acceptable) 7301 So. Dixie Hwy.	
83				84 City West Palm Bch., FL	
85 Zip Code 33405					

11. Pursuant to the provisions of Sections 607.0504 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)

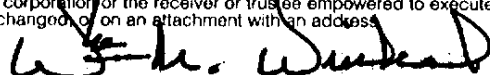
DATE

4/13/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINKEL, WILLIAM M			1.2 NAME	Winkel, William M.		
STREET ADDRESS	2628 FOREST HILL BLVD			1.3 STREET ADDRESS	7301 So. Dixie Hwy.		
CITY - ST - ZIP	W PALM BEACH FL			1.4 CITY - ST - ZIP	W. Palm Bch., FL 33405		
TITLE	PTS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	XXXXXXXXXXXXXXXXXXXX			2.2 NAME			
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX			2.3 STREET ADDRESS			
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX			2.4 CITY - ST - ZIP			
TITLE	PTS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	XXXXXXXXXXXXXXXXXXXX			3.2 NAME			
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX			3.3 STREET ADDRESS			
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I 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:



4/13/98

CR2E034 (10/97)