

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90261 025 ***150.00

DOCUMENT # 657896 (7)
1. Corporation Name
WINSTON TOWERS YACHT BASIN, INCORPORATED

Principal Place of Business

Mailing Address

250-174TH STREET
MIAMI FL 33160

250-174TH STREET
MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1980	
11 Suite, Apt. #, etc.	25	26 Suite, Apt. #, etc.	27	4. FEI Number 59-2160739	Applied For Not Applicable
12 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
13 Zip	25	30 Zip	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
14 Country	25	32 Country	33	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

HAMLIN, SHARON K
4027 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name ALLEN H. GRUBER
82 Street Address (P.O. Box Number is Not Acceptable)
7765 SW 87 AVE
83 SUITE 101
84 City MIAMI FL 85 Zip Code 33173

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 similar with and accept investigations of Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	
NAME	KAUFMAN, SIDNEY	1.2 NAME	
STREET ADDRESS	231 174TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	LARY, JOSEPH	2.2 NAME	
STREET ADDRESS	250 174TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LIVINSON, MILTON	3.2 NAME	
STREET ADDRESS	250 174TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0224373