

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **734217 (3)**  
1. Corporation Name  
**WYNKEN BLYNKEN & NOD A ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**322 LITTLE MISS MUFFET LANE P.O. BOX 1200 KEY LARGO FL 33037**

3. Date Incorporated or Qualified **10/31/1975** 3a. Date of Last Report **03/13/1995**  
4. FEI Number **65-0032636** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SCHINDELER, GEORGE  
8340 S.W. 92ND TERRACE  
WYNKEN, BLYNKEN & NOD ESTATES  
MIAMI FL 33158**

10. Name and Address of New Registered Agent  
81 Name **Falconer, Jim**  
82 Street Address (P.O. Box Number is Not Acceptable) **313 Little Miss Muffett Lane**  
83 **Wynken, Blynken & Nod a Assoc. Inc.**  
84 City **Key Largo, FL** 85 Zip Code **33037**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
**Jim Falconer Pres.** *Jim Falconer* **4-29-96**  
SIGNATURE DATE  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHINDELER, GEORGE</b>
STREET ADDRESS	<b>8340 S.W. 92 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>PARENT, EMMA K</b>
STREET ADDRESS	<b>311 LITTLE MISS MUFFETT LANE</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FALCONER, JIM</b>
STREET ADDRESS	<b>313 LITTLE MISS MUFFETT LANE</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THALER, RAYMOND</b>
STREET ADDRESS	<b>8385 S.W. 94TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RABE, FRANK</b>
STREET ADDRESS	<b>320 LITTLE MISS MUFFETT LANE</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KLIMSZEWski, TOM</b>
STREET ADDRESS	<b>201 HUMPTY DUMPTY DR.</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Falconer, Jim</b>
1.3 STREET ADDRESS	<b>313 Little Miss Muffett Lane</b>
1.4 CITY-ST-ZIP	<b>Key Largo, FL. 33037</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Spires, Chris</b>
2.3 STREET ADDRESS	<b>115 Tweedy Pie Terr.</b>
2.4 CITY-ST-ZIP	<b>Key Largo, FL. 33037</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Spires, Patty</b>
3.3 STREET ADDRESS	<b>115 Tweedy Pier Terrace</b>
3.4 CITY-ST-ZIP	<b>Key Largo, FL. 33037</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Hur, Ken</b>
4.3 STREET ADDRESS	<b>315 Little Miss Muffett Lane</b>
4.4 CITY-ST-ZIP	<b>Key Largo, FL. 33037</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Emma K. Parent* **Emma K. Parent Sec/Treas.** **4/29/96** **305-852-8350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)