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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734217

1. Corporation Name
WYNKEN BLYNKEN & NOD A ASSOCIATION, INC.

Principal Place of Business 322 LITTLE MISS MUFFET LANE P.O. BOX 1200 KEY LARGO FL 33037	Mailing Address 322 LITTLE MISS MUFFET LANE P.O. BOX 1200 KEY LARGO FL 33037
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0032636
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent THALER, RAYMOND 223 HUMPTY DUMPTY DR KEY LARGO FL 33037	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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.

SIGNATURE Raymond Thaler D/P *Raymond Thaler* April 19, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE	THALER, RAYMOND 223 HUMPTY DUMPTY DR KEY LARGO FL 33037	1.1 TITLE S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Parent, Kay
TITLE V <input type="checkbox"/> DELETE	HUENNIGER, LEE 415 THIMPER THOROFARE KEY LARGO FL 33037	1.2 NAME	311 Little Miss Muffet Lane
TITLE D <input type="checkbox"/> DELETE	TOBICZYK, GARY 117 TWEEDY PIE TERR KEY LARGO FL 33037	1.3 STREET ADDRESS	Key Largo, Fl. 33037
TITLE D <input checked="" type="checkbox"/> DELETE	THALER, RAYMOND 8385 S.W. 94TH STREET MIAMI FL	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SCHRICKER, KATHYRN 421 THUMPER THOROFARE KEY LARGO FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	KLIMSZEWSKI, TOM 201 HUMPTY DUMPTY DR. KEY LARGO FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond Thaler* **SIGNATURE REQUIRED** Pres. April 19, 1999 305-852-7401
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)