

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 841190 (2)
 1. Corporation Name
FRANK W. WINNE & SON, INC.



Principal Place of Business
4508 OAK FAIR BLVD. SUITE 240 TAMPA FL 33610

Mailing Address
4508 OAK FAIR BLVD. SUITE 240 TAMPA FL 33610-7353

3. Date Incorporated or Qualified **08/02/1978** 3a. Date of Last Report **04/09/1996**

4. FEI Number **23-1226240** 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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
AHEY, KATHY
4508 OAK FAIR BLVD.
SUITE 240
TAMPA FL 33610

10. Name and Address of New Registered Agent
 B1 Name **Bob Brandenburg**
 B2 Street Address (P.O. Box Number is Not Acceptable) **4508 Oak Fair Blvd**
 B3 **Suite 240**
 B4 City **Tampa** FL B5 Zip Code **33610**

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 **Robert A. Brandenburg** (ROBERT A. BRANDENBURG) 5/16/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COATH, J.D. SR.	
STREET ADDRESS	44 N. FRONT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BITZER, T.R.	
STREET ADDRESS	44 N. FRONT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COATH, J.D. JR.	
STREET ADDRESS	44 N. FRONT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ADELIZZI, ROBERT P.	
STREET ADDRESS	44 N. FRONT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vice President
1.3 STREET ADDRESS	Mark Bottom
1.4 CITY-ST-ZIP	44 N. FRONT STREET PHILA PA 19106
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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, changed, or in an attachment with an address.

SIGNATURE: **R. Adelizzi**

CR2E034 (9/96)