

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR -3 PM 12:12



1. Name of Limited Partnership

1a. DOCUMENT #
A94000001387

WINSTON HOLDINGS LIMITED PARTNERSHIP

Mailing Address
**700 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401**

Principal Office Address
**700 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401**

3. Date Formed or Registered
10/10/1994

5a. Capital Contributions as
Shown on record.
\$34,000.00

3a. Date of Last Report
01/02/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$34,000

4. State or Country of Formation
FL

6. FEI Number
65-0523005

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address
P.O. BOX 3591

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State

Zip Country
33402 USA

Zip Country

9. Name and Address of Current Registered Agent

**ASKEW, JEFFREY ESQ
700 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401**

10. If changed, new Registered Agent/Office

Name **SIMONE DELASQUE Z HOOVER**
Street Address (P.O. Box Number is Not Acceptable)
8531 ESTATE DR
Suite, Apt. #, etc.
City **WEST PALM BEACH** FL **33411**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Simone Delasque Hoover

DATE

2/21/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

WRIGHT SAILING, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

700 NORTH OLIVE AVENUE

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/
Document Number

F94000005311

400002105474--3
-03/05/97--01113--019
******341.75 ****341.75**

New Fees

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Charles S. Michael
Charles S. Michael

DATE

2/21/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561 775 7760