

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 039 ***150.00

DOCUMENT # F95000002119

1. Corporation Name

WIN REALTY HOLDINGS II, INC.



Principal Place of Business

1440 BROADWAY
SUITE 1070
NEW YORK NY 10018

Mailing Address

SAKS FIFTH AVENUE-TAX DEPARTMENT
500 HICKORY DRIVE
ABERDEEN MD 21001-3626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

15-3827609

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 750 Lakeshore Pkwy
Suite, Apt. #, etc.

22 Tax Dept.
City & State

23 Birmingham, AL
Zip Country

24 35211 25 US

2a. Mailing Address

26 750 Lakeshore Pkwy
Suite, Apt. #, etc.

27 Tax Dept.
City & State

28 Birmingham, AL
Zip Country

29 35211 30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME KENDRICK, BRIAN
STREET ADDRESS 12 E 49TH STREET
CITY-ST-ZIP NEW YORK NY 10017

TITLE DV ☒ DELETE
NAME GILINSKY, STANLEY
STREET ADDRESS 1140 BROADWAY, SUITE 1070
CITY-ST-ZIP NEW YORK NY 10018

TITLE VP ☒ DELETE
NAME BRIDGES, DALE
STREET ADDRESS 500 HICKORY DR
CITY-ST-ZIP ABERDEEN MD 21001

TITLE VD ☒ DELETE
NAME ZANNINO, RICHARD
STREET ADDRESS 12 E 49TH ST.
CITY-ST-ZIP NEW YORK NY 10017

TITLE VT ☒ DELETE
NAME HOOD, MARK
STREET ADDRESS 12 E 49TH ST.
CITY-ST-ZIP NEW YORK NY 10017

TITLE VS ☒ DELETE
NAME KREY, JOAN
STREET ADDRESS 12 E 49TH ST.
CITY-ST-ZIP NEW YORK NY 10017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Brian J. Martin
1.3 STREET ADDRESS 750 Lakeshore Pkwy
1.4 CITY-ST-ZIP Birmingham, AL 35211

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Douglas Coltharp
2.3 STREET ADDRESS 750 Lakeshore Pkwy
2.4 CITY-ST-ZIP Birmingham, AL 35211

3.1 TITLE V/S ☐ Change ☒ Addition
3.2 NAME Charles J. Hansen
3.3 STREET ADDRESS 750 Lakeshore Pkwy
3.4 CITY-ST-ZIP Birmingham, AL 35211

4.1 TITLE V/T ☐ Change ☒ Addition
4.2 NAME James Scully
4.3 STREET ADDRESS 750 Lakeshore Pkwy
4.4 CITY-ST-ZIP Birmingham, AL 35211

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME Bradley R. Mays
5.3 STREET ADDRESS 750 Lakeshore Pkwy
5.4 CITY-ST-ZIP Birmingham, AL 35211

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Doug Markham
6.3 STREET ADDRESS 3455 Hwy 80 West
6.4 CITY-ST-ZIP Jackson, MS 39209

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, with all other like empowered.

SIGNATURE:

Bradley R. Mays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 205-940-4745
Date Daytime Phone #

CR2E034 (11/98)

0008928