

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90157 014 ***150.00

DOCUMENT # F97000005336

1. Corporation Name
WINKLER & ASSOCIATES CO.

Principal Place of Business
951 S. PARK RD., #110
HOLLYWOOD FL 33021

Mailing Address
225 S 21ST AVE
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1997

4. FEI Number
65-0774910

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
225 S 21 Avenue

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State

Zip
33020

Country
US

Zip
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINKLER, HENRY
951 S. PARK RD., #110
HOLLYWOOD FL 33021

81 Name Winkler, Henry

82 Street Address (P.O. Box Number is Not Acceptable)
225 S 21 Avenue

83

84 City Hollywood

FL

85 Zip Code
33020

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PDCT
WINKLER, HENRY
STREET ADDRESS
951 S. PARK RD., #110
CITY-ST-ZIP
HOLLYWOOD FL 33021

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
225 S 21 Avenue
Hollywood, FL 33020

TITLE
NAME V
WINKLER, MIKE
STREET ADDRESS
951 S. PARK RD., #110
CITY-ST-ZIP
HOLLYWOOD FL 33021

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
225 S 21 Avenue
Hollywood, FL 33020

TITLE
NAME S
STRANGELAND, HAROLD L
STREET ADDRESS
951 S. PARK RD., #110
CITY-ST-ZIP
HOLLYWOOD FL 33021

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
225 S 21 Avenue
Hollywood, FL 33020

TITLE
NAME D
Rocco Zuccarelli
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Director
Rocco Zuccarelli
225 S 21 Avenue
Hollywood, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
AS
Leticia Caban
225 S 21 Avenue
Hollywood, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 954-927-6601

CR2E034 (11/98)

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