

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90054 001 \*\*\*150.00

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1. Corporation Name

WINTER PROPERTIES, INC.

Principal Place of Business

1900 EMERY ST., NW, STE. 300  
ATLANTA GA 30318-2569

Mailing Address

1900 EMERY ST., NW, STE. 300  
ATLANTA GA 30318-2569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

58-2262825

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 1330 SPRING STREET, NW  
Suite, Apt. #, etc.

2a. Mailing Address

26 1330 SPRING STREET, NW  
Suite, Apt. #, etc.

22 City & State

23 ATLANTA, GA

27 City & State

28 ATLANTA, GA

24 Zip Country

30309-2810 25

29 Zip Country

30309-2810 30

9. Name and Address of Current Registered Agent

WINTER CONSTRUCTION COMPANY  
2907 BAY TO BAY BLVD., STE. 203  
TAMPA FL 33629

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 CP ☐ DELETE

NAME SILVERMAN, ROBERT L  
STREET ADDRESS 2022 RIVERMEADE WAY  
CITY-ST-ZIP ATLANTA GA 30327

TITLE DST ☐ DELETE

NAME DURKIN, SEAN  
STREET ADDRESS 4470 MAY APPLE DR.  
CITY-ST-ZIP ALPHARETTA GA 30302

TITLE D ☒ DELETE

NAME LATHI, SATISH  
STREET ADDRESS 901 S. EDISON AVE.  
CITY-ST-ZIP TAMPA FL 33606

TITLE D ☐ DELETE

NAME ELLIS, GARY  
STREET ADDRESS 4994 BERESFORD CT.  
CITY-ST-ZIP NORCROSS GA 30092

TITLE V ☐ DELETE

NAME LURIE, ROBERT M  
STREET ADDRESS 517 HEYWARD CIRCLE  
CITY-ST-ZIP MARIETTA GA 30064

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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(1)(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 #

CR2E034 (11/98)