

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90209 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000002531**

1. Corporation Name  
**WINGATE LAND CORPORATION**



Principal Place of Business

Mailing Address

HIGHWAY 60 EAST  
 MULBERRY FL 33860

HIGHWAY 60 EAST  
 MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1998**

4. FEI Number

**59-3506298**

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

2a. Mailing Address

21 **4000 Hwy 60 East**

26 **PO Box 797**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

**Mulberry, Florida**

24 Zip Country

29 **33860** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

81 Name

**C T Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

83

84 City

**Plantation**

**FL**

85 Zip Code

**33324**

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

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

**1/12/99**

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  DELETE  
 NAME **DP**  
 STREET ADDRESS **RINALDI, PHILIP L**  
 CITY-ST-ZIP **110 E. 59TH ST., 31ST FL. NEW YORK NY 10022**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **4000 Hwy 60 East**  
 1.4 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE  DELETE  
 NAME **DV**  
 STREET ADDRESS **STEWART, ROBERT C**  
 CITY-ST-ZIP **STATE ROAD 60 EAST MULBERRY FL 33860**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **4000 Hwy 60 East**  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **DVS**  
 STREET ADDRESS **NEWMAN, SCOTT D**  
 CITY-ST-ZIP **200 PARK AVE. NEW YORK NY 10166**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **4000 Hwy 60 East**  
 3.4 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE  DELETE  
 NAME **V**  
 STREET ADDRESS **BERARDUCCI, LOUIS D**  
 CITY-ST-ZIP **STATE ROAD 60 EAST MULBERRY FL 33860**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **4000 Hwy 60 East**  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **TAS**  
 STREET ADDRESS **KENWRIGH, NOLA**  
 CITY-ST-ZIP **STATE ROAD 60 EAST MULBERRY FL 33860**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS **TS**  
 5.4 CITY-ST-ZIP **Kenwright, Nola 4000 Hwy 60 East**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS **VS**  
 6.4 CITY-ST-ZIP **LaPier, Theodore 4000 Hwy 60 East Mulberry, FL 33860**

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: Louis D Berarducci - SVP-Finance 4-6-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)