

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 11 PM 2:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H43260 (9)

1. Corporation Name
WINMARK DEVELOPMENT CORPORATION

Principal Place of Business 6716 HILLSIDE LANE LANTANA FL 33462	Mailing Address 6716 HILLSIDE LANE LANTANA FL 33462
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2. Principal Place of Business 21 7722 So. Hwy U.S. #1	2a. Mailing Address 26 7722 So. Hwy U.S. #1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Hypoluxo, Fla.	28 City & State Hypoluxo, Fla.
24 Zip 33462	25 Country Palm Beach
29 Zip 33462	30 Country Palm Beach

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/18/1985	3a. Date of Last Report 04/05/1994
4. FEI Number 65-0247033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KUHARCIK, JOSEPH
1211 THE PLAZA
SINGER ISLAND FL**

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 607.1505, 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WINK, MARK
STREET ADDRESS	6716 HILLSIDE LANE
CITY - ST - ZIP	LANTANA FL
TITLE	6TD
NAME	MICHAEL, EDWARD
STREET ADDRESS	5290 S.W. 6TH STREET
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	POTOCZEK, BARBARA
STREET ADDRESS	5290 S.W. 6TH STREET
CITY - ST - ZIP	MARGATE FL
TITLE	ST
NAME	Julia S. Carniello
STREET ADDRESS	1621 N.W. 45th St.
CITY - ST - ZIP	Oakland Park, Fla.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JULIA
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ST JULIA S. Carniello
2.3 STREET ADDRESS	1621 N.W. 45th St.
2.4 CITY - ST - ZIP	Oakland Park, Fla.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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.

SIGNATURE: MARK J. WINK **MARK J. WINK** 4/5/95

(Signature) (Typed Name) (Date)