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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

**FILED** May 01 1998 8:00am Secretary of State

WINN F	HOLDING	CORP.											
Principal Place of Business Mailing Address  C/O STEPHEN A. FREEMAN C/O STEPHEN A. FREEM									-{	ORAFI OLEH BUDI	T MANNE BLOKE	fille '	
520 BRICKELL KEY DRIVE SUITE 0-306 520 BRICKELL KEY DRIVE MIAMI FL 33131 MIAMI FL 33131									DO NOT WRITE IN THIS SPACE				
	•								3. Date Incorporated or Qualified				
<u> </u>									11/24/1986				
2. Principal P	lace of Bus	iness	20. Mailing	2e. Mailing Address					4. FEI Number Applied				
21	_		26					59-2806819 Not App					
Suite, Apt.	#, etc.		<b>├</b> ¬	Suile, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State City & State									6. Election Campaign Financing \$5.00 May Be				
2ip Country				Zip Country					Trust Fund Contribution		ded to Fe		
24	,								8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9, Name and Address of Curre				129 Agent					Personal Property Tax due June 30. Yes I No  10. Name and Address of New Registered Agent				
CD/						81	Nam			ou rigein			
		tephen A. L Key Dr.							***************************************				
	ME 0-305	L NET UN.				82	Stree	et Addre	ss (P.O. Box Number is Not Acceptable)				
	MI FL 331	131				83							
						84	City			- 85	Zip Code	,	
44 0	4- 4b	10-1		Fig. 1 Cont.		Ш	L			L °°	14	interes al	
office or re	to the provi egistered a	sions of Sections 607.0 gent, or both, in the Sta	502 and 607.1508, ile of Florida. Such	change was	tes, the a authorize	id by	e-name / the c	ed corpo orporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the	e or changi appointmen	ng its reg Las regis	stered	
agent. I a	ım familiar w	Ath, and accept the ob-	igations of, Section	1 607.0505, FI	orida Sta	tutes	S.					1	
SIGNATURE	Cloust-up bion	d or printed name of registered	annua and total at ment in the		IF Bonislare	d Age		116 100.110	d when reinstating) DAI		<del></del>		
12,	Signature, type		ND DIRECTORS	r (NO	13.	a Age	mi signai	me redure	ADDITIONS/CHANGES TO OFFICERS		TORS IN	12	
TITLE	PD			DELETE	1.1 7	ITLE		r	7.00,770,01111020100,11102010	Char		Addition	
NAME		AN, STEPHEN A.		1.21			1.2 NAME						
STREET ADDRESS		ICKELL KEY DRIVE	SUITE 0-305	UITE 0-305			1.3 STREET ADDRESS						
CITY-ST-ZIP		FL 33131					T-ZIP						
TITLE				DELETE 21T				1		Char	ige 🔲	Addition	
NAME								-					
STREET ADDRESS	EET ADDRESS						ADDRES	s					
CITY-ST-ZIP					2,4(	XTY-S	ST - ZIP						
TITLE				DELETE	3.1 T	ITLE				Char	ige 🗌	Addition	
NAME					3.2 N	AM€							
STREET ADDRESS		3.3 S			3 STREET ADDRESS					Į			
CITY-ST-ZIP					3.4.0	CITY-S	ST-ZIP						
TITLE	DELETE				4.1 T	4.1 TITLE				☐ Char	ige 🔲	Addition	
NAME					4.21	IAME							
STREET ADDRESS							ADDRES	s				I	
CITY-ST-ZIP						ITY-S	T-ZIP_	-				A 1 800	
TITLE				DELETE	5.1 TITLE			l		L Chan	ge 🗀	Addition	
NAME:					5.2 N			_					
STREET ADDRESS					5.3 STREET ADDRESS			S				]	
CITY-ST-ZIP	<u> </u>			DELETE	_	ITY - ST	T-ZIP	-				Addition	
TITLE				L_] DELETE	6.1 1					Char	لــا ⊅و.	Audillon	
NAME					62 N								
STREET ADDRESS					63 STREET ADDRESS			s				l	
CITY-SI-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for						6.4 CiTY-ST-ZiP			Section 119 07(3)(i) Florida Statutos I furtha	r certify that	the infor	mation	
									e shall have the same legal effect as if made				

I hereby certify that the minutes indicated on this annual report or supplemental annual report is true and indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an attack. execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE:** 

305-374-3000