FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1996 08:00 AM
Secretary of State

DOCUMENT # **K47626** **(2)**

1. Corporation Name
GWINN, INC.

Principal Place of Business
C/O GWINN INC E ATLANTIC BLVD
700 W. HILLSBORO BLVD., BLDG. 4, STE. 206
POMPANO BCH FL 33060
US

Mailing Address
C/O GWINN INC: 1216 E ATLANTIC BLVD
700 W. HILLSBORO BLVD., BLDG. 4, STE. 206
POMPANO BCH FL 33060
US

3. Date Incorporated or Qualified: **11/29/1988**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number: **NOT APPLICABLE** ☐ 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 has/had elected to be an eligible tax under s. 220.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MURPHY, T.N., JR.
980 N FEDERAL HWY
STE 410
BOCA RATON FL 33432

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 617.0124 and 607.1508, Florida Statutes, the undersigned hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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 617.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**DVP** ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	**HURLEY, WILLIAM TROY**	12 NAME	
STREET ADDRESS	**916 S E 14TH TERRACE**	13 STREET ADDRESS	
CITY-ST-ZIP	**DEERFIELD BEACH FL**	14 CITY ST ZIP	
TITLE	**DST** ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	**HURLEY, PATRICIA A.**	22 NAME	
STREET ADDRESS	**916 S E 14TH TERRACE**	23 STREET ADDRESS	
CITY-ST-ZIP	**DEERFIELD BEACH FL**	24 CITY ST ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and does not apply for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Patricia A Hurley Sec Treas. 4/9/96 954-946-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone