

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

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K55545** (3)  
1. Corporation Name  
**MERLIE S. WINNICK & ASSOCIATES, INC.**



Principal Place of Business  
**7707 N UNIV DR  
STE 105  
TAMARAC FL 33321  
US**

Mailing Address  
**7707 N. UNIV DR  
STE 105  
TAMARAC FL 33321-2863  
US**

3. Date Incorporated or Qua-  
**12/27/1988**

3a. Date of Last Report  
**04/30/1996**

4. FEI Number  
**65-0193575**

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 liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**WINNICK, MERLIE  
8110 NW 9TH TERR  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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: \_\_\_\_\_ (Typed or printed name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)  
(NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS |                    |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
|----------------------------|--------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | PD                 | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WINNICK, MERLIE S. |                                 | 1.2 NAME  |                                 |                                   |
| STREET ADDRESS             | 8110 NW 91 TER     |                                 | 1.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                | TAMARAC FL         |                                 | 1.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | 2.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | 2.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | 2.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | 3.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | 3.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | 3.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | 4.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | 4.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | 4.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | 5.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | 5.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | 5.4 CITY-ST-ZIP                                       |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | 6.2 NAME  |                                 |                                   |
| STREET ADDRESS             |                    |                                 | 6.3 STREET ADDRESS                                    |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 | 6.4 CITY-ST-ZIP                                       |                                 |                                   |

14. I do 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 this address.

SIGNATURE: \_\_\_\_\_

*Merlie S. Winnick* 4/1/97

CR2E034 (9/96)