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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09288

(6)

Mailing Address

WINTER PARK CAPITAL COMPANY

% ROBERT P. SALTSMAN PO BOX 2146 200 E. NEW ENGLAND AVE., SUITE 301 WINTER PARK FL 32790-2146 WINTER PARK FL 32789 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1989 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Constock ave 322 W. 26 59-3141029 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired vite 210 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent ☐ Yes 🔽 No 30 Florida Statutes 10. Name and Address of New Registered Agent 81 Name SALTSMAN, ROBERT 200 EAST NEW ENGLAND AVE. #301 Street Address (P.O. Bax Number is Not Acceptable) WINTER PARK FL 32789 Winter 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 Signusture, type it or printed name of registerio agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12. (96/6) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change HANDY, F P NAME 1.2 NAME CR2E034 222 W. Comstock ave, Svite 210 200 E NEW ENGLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL DITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE ☐ Change ☐ Addition 2.1 TITLE GAFFNEY, THOMAS NAME 2.2 NAME 2091 OCEANMEW DR STREET ADDRESS 2.3 STREET ADDRESS TIERRA VERDE FL CITY - ST - ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7IF 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Too 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.