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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L11494

DAVID M. WINOKER, P.A.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90012 024 ***150.00



Principal Place of Business		Mailing Address			-	II GIBII BIDII BIDII D		
4144 N. ARMENIA AVENUE		4144 N. ARMENIA AVENUE						
SUITE 350		SUITE 350						
TAMPA FL 33607		TAMPA FL 33607			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		•	
			<u></u>		08/22/1989			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	- ·	plied For	١.
21		26			59-2971270		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27					·	
City & State		├ 7	City & State		6. Election Campaign Financing	\$5.00		
23 Zin	Country	28	Countr		Trust Fund Contribution	Added t	o rees	
Zip	Country			у	8. This corporation owes the current year	Intangible Yes	■No	
24	25 9 Name and Address of Curr		30		Personal Property Tax. 10 Name and Address of New Registere			
	g. Name and Address of Curi	ent Registered Agent	81	Name	10. Name and Address of New Registers	o Agent		
DAV	ID M. WINOKER							
MANUFACTURERS BANK BUILDING 4144 N. ARMENIA AVENUE, SUITE 3		G	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
			83				121 20 (6 128)	
	PA FL 33607	. 555	0.	'	· · · · · · · · · · · · · · · · · · ·			
** ***			84	City		85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	thorized by	/e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered	
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statute:	S .	, ,			
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Flori		S.				
agent. I a	am familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505, Flori agent and title if applicable. (NOTE:	Registered Age	S.	d when reinstating) DATE		DS IN 12	(80
agent. I a SIGNATURE 12.	am familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.0505, Flori agent and title if applicable. (NOTE: AND DIRECTORS	Registered Age	S.			RS IN 12	11/00)
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.0505, Flori agent and title if applicable. (NOTE:	Registered Age	S.	d when reinstating) . DATE	AND DIRECTO		/4/1/00/
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	S.	d when reinstating) . DATE	AND DIRECTO		(034 (44 (09)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A P WINOKER, DAVID M 4144 NORTH ARMENIA AVER	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. Int signature required	d when reinstating) . DATE	AND DIRECTO		275037 (41/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. Int signature required	d when reinstating) . DATE	AND DIRECTO	Addition .	CD2E034 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A P WINOKER, DAVID M 4144 NORTH ARMENIA AVER	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	s. Int signature required T ADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO		CD2E034 (41/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	s. Int signature required IT ADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO	Addition .	CD2E024 (41/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	s. T ADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO	Addition .	CD2E034 (41/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	s. T ADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO Change Change	Addition Addition	CD0E034 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	s. TADDRESS ST-ZIP TADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO	Addition .	CD0E004 (11/08)
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1.2 NAME 2.2 NAME 2.3 STREE 2.4 CITY-1.3.1 TITLE 3.2 NAME	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO Change Change	Addition Addition	CD0EC04 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) . DATE	AND DIRECTO Change Change	Addition Addition	CDDE034 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition	CD2E024 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered a OFFICERS / P WINOKER, DAVID M 4144 NORTH ARMENIA AVENTAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. AND DIRECTORS DELETE NUE - SUITE 350	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition	CD0E034 (44/08)
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME NAME NAME	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEI TAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME	s. Int signature required IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition	(41/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEI TAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE	s. Int signature required IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition	CD0E004 (44/08)
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEI TAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	s. Int signature required IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition Addition	(41/08)
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE NAME	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEI TAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE	s. Int signature required In	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition	CD2EC34 (44/08)
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEITAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	S. Int signature required In	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition Addition	CD0E004 (44/08)
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE NAME	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEITAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE 5.3 STREE	S. Int signature required In	d when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition Addition Addition	CD0E004 (44/08)
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEITAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.3 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 5.4 CITY-5 5.4 CITY-5 5.5 STREE 5.5 CITY-5 5.5 STREE 5.6 CITY-5 5.7 STREE 5.7 STREE 5.7 CITY-5 5.7 STREE 5.7 STREE 5.7 CITY-5 5.7 STREE 5.7	S. Int signature required In	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	Addition Addition Addition Addition	(41/08)
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEITAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-\$ 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 5.4 CITY- 6.1 TITLE	S. Int signature required In	d when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	Addition Addition Addition Addition	(44/08)
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINOKER, DAVID M 4144 NORTH ARMENIA AVEITAMPA FL	gations of, Section 607.0505, Floringent and title if applicable. (NOTE: AND DIRECTORS DELETE NUE - SUITE 350 DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	S. Int signature required In	d when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	Addition Addition Addition Addition	CD2E024 (44/08)

CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: