FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

L55176

(6)

WYNN Principal Place (INDUSTRIES, INC. of Business	Mailing Address	<u> </u>						
C/O D. RICHARD WYNN 1100 HIGHLAND ACRES DR 1100 HIGHLAND ACRES DR				R					
APOPKA FL 32703 US		APOPKA FL 32703 US			3. Date Incorporated or Qualified 03/02/1990	3a. Date of Last Report 05/31/1995			
2. Principal Pla	ce of Business	2a. Mailing Ado	lress			4. FEI Number		T A	pplied For
21		26	26			59-2998609 Not Applicable			lot Applicable
Suite, Apt. #, etc		Suite, Apt	Suite, Apt. #, etc.			5. Cert ficate of Status Desired			Additional lequired
City & State		Oity & State	City & State			6. Election Campaign Financing	L	\$5.00	May Be
23		28	··			Trust Fund Contribution			to Fees
Zip	Country	Ζ.ρ	F	Country	•	8. This corporation has liability for	intangible ta s ⊟No	x under s	199.032,
24	25	29	30			Florida Statutes Yes 10. Name and Address of New I		& gent	
	9. Name and Address of Curr	ent registered Agen		81	Name	10. Haine and Address of New .	109101001	180	
MANA	D DICHADD								
	D. RICHARD IIGHLAND ACRES DR		82 Street Addr			ddress (P.O. Box Number is Not Accepta	ole)		
	A FL 32703			83					
AFOF	M FL 32703							T [
ı				84	City		FL	85 Zip	Code
SIGNATURE _	Signature (spirit) or profiled name of representation	erri an er familie ag geli cakide	(NOTE FAGE	tered Age		programme to recognize and	DATE	76	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	d Wynn, D. Richard			1 1 TITLE 12 NAME			Ļ		
NAME	1100 HIGHLAND ACRES	NR.			T ADDRESS				
STREET ADDRESS	APOPKA FL	U 11		14 CITY -					
CITY - \$1 - ZIP TITLE	A OTTALL			2 1 DTLE	3: 1			Change	Addition
NAME		_		2.2 NAME		·			
STREET ADDRESS				2 3 STREE	T ADDRESS	·			
CUY-SI-ZIP			:	2.4 CITY -	ST - ZIP				
TITLE		D	☐ DELETE 3				[Change	Addition
NAMÉ				3 2 NAME	İ				
STREET ADDRESS				33 \$196	I ADDRESS				•
CITY - ST - 2IP				3 4 CITY -				Change	Addition
TITLE				4. 1 TITLE			L		L Mudicipal
NAME				4.2 NAME					
STREET ADDRESS					I ADORESS				
C)TY - ST - ZIP		IΠN		44 CITY - 5 1 TITLE				Change	☐ Addition

6 4 CITY - ST - ZIF 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if chapter 0 or 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 13 if chapter 0 or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5 1 TITLE 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCIPAD NAME OF SIGNING OFFICER OR DIRECTOR

DELFTE

WYNN 5-27-96 407 889-7004

☐ Change

Addition

CR2E034 (12/95)