FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 FILING FEE \$ 203.75 Name and Mailing Address of Limited Liability Company WINVISTA L.C. 1035 SOUTH FEDERAL HIGHWAY #209 DELRAY BEACH FL 33483 2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

97 MAY - 1 AM 9: 10 **DIVISION OF CORPORATIONS** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee ECRETARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE AHASSEE, FLORIDA **DOCUMENT #**19600001052 1a. Principal Place of Business Address 035 SOUTH FEDERAL HIGHWAY 209 DELRAY BEACH FL 33483 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 0/08/1996 FL Suite, Apt. #, etc. Applied For City & State Not Applicable 6. Certificate of Status Desired Country Style Additional Fee Required 8. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 000002173520--05/09/97--01113--003 ****203.75 Zp.Code Suite, Apl. #, etc. 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment DATE : **Business Street Address** City, State and Zip Code

as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers MGRM WILSON, JOHN H 477 WOODFIELD BLVD. BOCA RATON FL MEM

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER