

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M65010** (4)

1. Corporation Name
MICHAEL WINER, P.A.



Principal Place of Business: **4875 N. FEDERAL HWY. 7TH FLOOR FT. LAUDERDALE FL 33308 US**
 Mailing Address: **4875 N. FEDERAL HWY. 7TH FLOOR FT. LAUDERDALE FL 33308 US**

3. Date Incorporated or Qualified: **01/19/1988**
 3a. Date of Last Report: **03/07/1995**
 4. FET Number: **65-0024043**
 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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 26 BRADDON ST. Suite, Apt. #, etc. P.O. BOX 2421 City & State: WELLINGTON Zip: NEW ZEALAND**
 2a. Mailing Address: **26 26 BRADDON ST. Suite, Apt. #, etc. P.O. BOX 2421 City & State: WELLINGTON Zip: NEW ZEALAND**

9. Name and Address of Current Registered Agent
**WINER, MICHAEL
 4875 N. FEDERAL HWY.
 7TH FLOOR
 FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
 81 Name: **LARRY STEIN**
 82 Street Address (P.O. Box Number is Not Acceptable): **7701 CLAUDATON ISLAND DR.**
 83
 84 City: **MIAMI** FL 85 Zip Code: **33131**

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: **LARRY STEIN** *Larry Stein* **JUNE 10, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WINER, MICHAEL	1.2 NAME	MICHAEL WINER D, Pres, Sec, TREASURER
STREET ADDRESS	4875 N. FEDERAL HWY., 7TH FLOOR	1.3 STREET ADDRESS	26 BRADDON ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	P.O. BOX 2421 WELLINGTON, NEW ZEALAND
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 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 12 or Block 13 or changed or in an attachment with an address.

SIGNATURE: **Michael Winer, Pres.** *Michael Winer, Pres.* **JUNE 10, 1996 (01)(64)(4) 472-3637**

CR2E034 (12/95)