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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # P32077

(0)

WIN LABORATORIES, LTD., INC.

	(1118-11811-88111	I BLUIT BIRTE DIS	

FILED

May 16 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Address				
11090 INDUSTR MANASSAS VA		11090 Industrial RD. Manassas va 20109-392	23 :			
					3. Date Incorporated or Qualified 11/19/1990	3a. Date of Last Report 04/16/1996
9 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
2. Principal Place of Business		F				Not Applicable
21		Suite, Apt. #, etc.			54-1309590	CD 75 A 4400
Sulte, Apt. #, etc.		├ ─┐	_		Certificate of Status Desired	Fee Required
City & State	٥	City & State			6. Election Campaign Financing	\$5.00 May Be
		<u>├</u> ──┐ '	n '		Trust Fund Contribution	Added to Fees
Zip	Country	28 Z _{ID}	Count	rv	8. This corporation has liability for	
24	25	29	30	. ,		Yes No
24	9. Name and Address of Currer		1001		10. Name and Address of New Re	
001			8	1 Name	3	
	IEN, MARY K					
	BÉN FRANKLIN DR. #12C		; 8	2) Stree	Address (P.O. Box Number is Not Acceptal	ole)
SAR	ASOTA FL 33577		8	3		
·			.	<u> </u>		
			. 8	4 City		FL 85 Zip Code
		007 (FOD F) 1 OU			- Land Carlotte and Carlotte	
11. Pursuant	to the provisions of Sections bur lobb registered agent, or both, in the State	ว2 and 607.1508, Florida Stati e of Florida. Such change was	utes, the abo s authorized	ive-name by the co	d corporation submits this statement for the propration's board of directors. I hereby acce	pt the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of Section 607.0505, F	Iorida \$tatut	es.		
SIGNATURE						
	Signature, typed or printed name of registered ag-			gent signatu	are required when reinstating)	DATE
12.		D DIRECTORS DELETE	13.	 	ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE	PD	□"] NETE+E	1;1 THU			C Change Maddition
NAME	WU, WINFRED		1 2 NAM			
STREET ADDRESS	3805 LAKE BLVD.		1 ₁ 3 STRE	ET ADDRESS	i	
CITY-ST-ZIP	ANNANDALE VA			- S1 - ZIP		
TITLE	SD	☐ DELETE	2 1 TITLE		į	Change Addition
NAME	TAN, CHRISTIANE		2 NAM	E		
STREET ADDRESS	3805 LAKE BLVD.		2 3 STREET ADDRESS		s !	
CITY-ŞÎ-ZIP	ANNANDALE VA		2 4 CIT	/ - ST - ZIP		
TITLE	10	☐ DELETE	3,1 7(7),0	Ē	1	Change Addition
NAME	WU, VINCENT W		3,2 NAM	E		
STREET ADDRESS	12 HEARTHSTONE DR.		3 3 STR	ET ADDRESS	3	
CITY-ST-ZIP	EDISON NJ		3,4. CITY	r - \$1 - ZIP		
TITLE		DELETE	4,1 TITL			☐ Change ☐ Addition
NAME			4, 2 NAN	A E		
STREET ADDRESS			4.3 STRI	EET ADDRESS	s [
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	5,1 TITU			Change Addition
NAME		•	5.2 NAM			;
STREET ADDRESS				EFT ADDRESS		
1	1			'- \$T-ZiP		
CITY-ST-ZIP		DELETE	6 1 TITL		1	Change Addition
		C precit				
NAME			6.2 NAM		.1	
STREET ADDRESS				EE1 ADDRESS		
CITY-ST-ZIP			6.4 CITY	'- \$1 - 2IP		

14. 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 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.

702-330-11121