

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P92000003626 (8)

1. Corporation Name  
WIN SYSTEMS, INC.



Principal Place of Business  
4818 CORONADO PKWY  
SUITE 18  
CAPE CORAL FL 33904  
US

Mailing Address  
4818 CORONADO PKWY  
SUITE 18  
CAPE CORAL FL 33904  
US

3. Date Incorporated or Qualified 11/12/1992  
3a. Date of Last Report 05/01/1995

|                                |                     |                                                                                         |                                                                     |
|--------------------------------|---------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number                                                                           | Applied For                                                         |
| 21                             | 26                  | 65-0372770                                                                              | Not Applicable                                                      |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 22                             | 27                  | <input type="checkbox"/>                                                                |                                                                     |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                                         |
| 23                             | 28                  | <input type="checkbox"/>                                                                |                                                                     |
| Zip                            | Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24                             | 29                  |                                                                                         |                                                                     |
| Country                        | Country             |                                                                                         |                                                                     |
| 25                             | 30                  |                                                                                         |                                                                     |

9. Name and Address of Current Registered Agent

SPRENG, JENNIFER  
4818 CORONADO PKWAY  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | PRES               | <input type="checkbox"/> DELETE |
| NAME            | GLECKEL, SCOTT     |                                 |
| STREET ADDRESS  | 4818 CORONADO PKWY |                                 |
| CITY - ST - ZIP | CAPE CORAL FL      |                                 |
| TITLE           | D                  | <input type="checkbox"/> DELETE |
| NAME            | WHITNEY, RUSSELL   |                                 |
| STREET ADDRESS  | 4818 CORONADO PKWY |                                 |
| CITY - ST - ZIP | CAPE CORAL FL      |                                 |
| TITLE           |                    | <input type="checkbox"/> DELETE |
| NAME            |                    |                                 |
| STREET ADDRESS  |                    |                                 |
| CITY - ST - ZIP |                    |                                 |
| TITLE           |                    | <input type="checkbox"/> DELETE |
| NAME            |                    |                                 |
| STREET ADDRESS  |                    |                                 |
| CITY - ST - ZIP |                    |                                 |
| TITLE           |                    | <input type="checkbox"/> DELETE |
| NAME            |                    |                                 |
| STREET ADDRESS  |                    |                                 |
| CITY - ST - ZIP |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 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 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)