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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1998 8:00am

Secretary of State

A HANNIAGE SIE ARAKA ESEKA MESSA MUSSA ANDESE EN DE ARAK ANDRE AREAR ARAGA ESEK ARAK

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007523 (3)

WINTERVILLA GENPAR V, INC.

										1811 [1811]		
Principal Place of Business Mailing Address										Joill Boll D		JI U00 1311 1001
12770 COIT ROAD 12770 COIT ROAD												
8TE 1220 STE 1220 STE 1220 DALLAS TX 75251									DO NOT WO!	TE IN TWI	IC CDACE	
DALLAS TX 75251 DALLAS TX 75251 US US									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
								,	11/25/1992	•		
2. Principal P	lace of Busin	ness	2	2a. Mailing Address				4	4. FEI Number			Applied For
21				26					59-3153929			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6	5. Certificate of Status Desired			Additional Required
City & State				City & State				Election Campaign Financing			O May Be	
23				28			'	Trust Fund Contribution			d to Fees	
Zip	Country			Zip	Coul			8	B. This corporation owes or has p	paid the c		
24	25			<u> </u>	30	30			Personal Property Tax due Jur			□Ño
9, Name and Address of Current Registered Agent									0. Name and Address of New F	tegistere	d Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.							Nam	ne				
1201 HAYS STREET SUITE 105						82	Stree	et Address (P.O. Box Number is Not Acceptable)				
	ITE 105 L LAH ASSEE											
In	LLAN INCOLL	- 1 1 02001				63						
						84	City			F		o Code
Office or r	e niste red an	ient or both in i	the State of Flo	607.1508, Florida S rida. Such change of, Section 607.050	wac authoriza	ad be	itha or	ed corporati orporation's	ion submits this statement for the board of directors. I hereby acc	purpose ept the a	of changing ppointment a	its registered is registered
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE Register								lure required who		DATE		
12.	D	OFFIC	CERS AND DIRE	ECTORS DELET	13.				ADDITIONS/CHANGES TO OFF	ICERS A		
NAME	-	, LARRY		L_ DEFEN	1	ITLE					Change	Addition
STREET ADDRESS		NGE STREET	#1595			IAME	100000					
City-St-Zip		DALE ONTAR					ADDRESS	S				
TITLE	0			DELET		HTY-S	1 - ZIP		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME	LEE, JAC	CK				IAME					C our igo	7,00,000
STREET ADDRESS		NGE STREET	#1525				ADDRESS					
CITY-ST-ZIP		DALE ON					ST - ZIP	~				-
TITLE				☐ DELET			, L.				☐ Change	Addition
NAME					321	IAME		ŀ			_ •	_ `
STREET ADDRESS					3.3 9	TAEET	AODRESS	s				
CITY-ST-ZIP					3.4.	CITY-S	ST-ZIP					
TITLE				☐ DELET	E 4.1 1	ITLE					Change	Addition
NAME					4.2	NAME						
STREET ADDRESS					4.3 9	TREET	ADDRESS	s				
CITY-ST-ZIP						ITY-S	1- <i>2</i> IP					
TITLE				☐ DELET	E , 5.1 T	ITLE					Change	Addition
NAME					5.2 M	AME						
STREET ADDRESS					5.3 5	TREET	ADDRESS	s				
CITY-ST-ZIP				The second		ITY - S	T-ZIP					
TITLE				☐ DELETE							☐ Change	Addition
NAME	1				6.2 N							
STREET ADDRESS							ADDRESS	S				
CITY-ST-ZIP					6.4 0	ITY-S	T - ZiP	1				

14. Thereby 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 cath; 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.