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

PROFIT **CORPORATION ANNUAL REPORT**

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 22 1998 8:00am

Secretary of State

DOCUMENT # P9200007686

WINSEM MANAGEMENT, INC.

Principal Place of Business Mailing Address 12770 COIT ROAD 12770 COIT RD STE 1220 STE 1220 **DALLAS TX 75251** DALLAS TX 75251 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 74-2680626 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC. Name 1201 HAYS STREET 62 Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** TALLAHASSEE FL 32301 В3 **B4** 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 11 TITLE Change Addition KRAUSS, LARRY NAME 1.2 NAME **5140 YONGE STREET #1525** STREET ADDRESS 1.3 STREET ADDRESS WILLOWDALE ONTARIO CD CITY-ST-ZIP 1.4 CITY-ST-ZIP n DELETE TITLE 2.1 TITLE ☐ Change Addition LEE, JACK NAME 22 NAME **\$140 YONGE STREET #1525** STREET ADDRESS 2.3 STREET ADDRESS WILLOWDALE CA CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY-ST-2IP ☐ DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-7IP

14. I 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.