FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # P93000001819 (0)

1. Corporation Name

WINKLER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10943 NW 30 PLACE SUNRISE FL 33322	10943 NW 30 PLACE SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 12830 mill Circle	2a. Mailing Address 26: 12830 mill Circle
Suite, Apt #, etc 22:	Suite, Apt #, etc 27:
City & State 23: Boca Raton FL	City & State 28: Boca Raton FL
Zip 24: 33428 County 25: Palm Beach	Zip 29: 33428 County 30: Palm Beach

4. FEI Number: 65-0378482 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WINKLER, RORY
10943 NW PLACE
SUNRISE FL 33322

10. Name and Address of New Registered Agent

01 Name: Winkler RORY
02 Street Address (P.O. Box Number is Not Acceptable): 12830 mill Circle
03:
04 City: Boca Raton FL 05 Zip Code: 33428

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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	WINKLER, RORY	12 NAME		
STREET ADDRESS	10943 NW 30 PLACE	13 STREET ADDRESS	12830 mill Circle	
CITY ST ZIP	SUNRISE FL 33322	14 CITY ST ZIP	Boca Raton FL 33428	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	WINKLER, DALE	22 NAME		
STREET ADDRESS	10943 NW 30 PLACE	23 STREET ADDRESS	12830 mill Circle	
CITY ST ZIP	SUNRISE FL 33322	24 CITY ST ZIP	Boca Raton FL 33428	
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	WINKLER, DALE	32 NAME		
STREET ADDRESS	10943 NW 30 PLACE	33 STREET ADDRESS	12830 mill Circle	
CITY ST ZIP	SUNRISE FL 33322	34 CITY ST ZIP	Boca Raton FL 33428	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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.

SIGNATURE: Rory Winkler RORY Winkler 6/14/95 (407) 488-1596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0230438 CP