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

**PROFIT** CORPORATION ANNUAL REPORT

1997

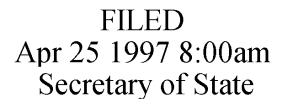


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300001819 (0) WINKLER ENTERPRISES, INC.





Principal Place of Business Mailing Address									
12830 MILL BOCA RATO US		12830 MILL CIRCLE BOCA RATON FL 33428 US	4734			·			
		•				Date Incorporated or Qualified 01/05/1993		ate of Last Re /04/1996	eport
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21	1 26					65-0378482	Not Applicable		
Suite, Ar	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	
City & St	ate	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip <b>29</b>	30 Cou	ntry		6. This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	g. Name and Address of Cu		-1	<u> </u>		10. Name and Address of New Re			
W	INKLER, RORY			81	Name				
12830 MILL CIRCLE BOCA RATON FL 33428				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
DI	OUA RATON FL 33420			83				<del></del>	<del></del>
				84	City		FL	85 Zip (	Code
11. Pursuar	nt to the provisions of Sections 607.	0502 and 607.1508, Florida Stat	lutes, the at	bove	named corpo	oration submits this statement for the p		f changing it	s registered
office o	r registered agent, or both, in the S	tate of Florida. Such change was	s authorizer Florida Stat	d by	the corporation	oration submits this statement for the pon's board of directors. I hereby acce	pt the app	ointment as	registered
		onganons or, booton oor looco,	· iorioa oiai	atoo	'				
SIGNATURI	Signature, lyped or printed name of registere-	d agent and title if applicable (N	OTE Registered	d Age	ni signature require	of when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	PD	DELETE	1.1 10	TLE				Change	Addition
NAME	WINKLER, RORY		1.2 N/	AME				1	
STREET ADDRES			1.3 ST	reet.	ADDRESS				
CITY-ST-7F	BOCA RATON FL		1409	TY·S	T - ZiP				
THEE	<b>∨</b> 0	DELETE	2.1 TI	ŦĻĒ	)	*		Change	Addition
NAME	WINKLER, DALE		2.2 N	AME					
STREET ADDRES	1		2.3 \$1	PREET	ADDRESS				
CITY - ST - ZIP	BOCA RATON FL		2.4 C	ITY-S	T-ZIP				
TITL F	SD	DELETE	3.1 10	TLE				Change	Addition
NAME	WINKLER, DALE		3.2 N/	AME					
STREET ADDRES			3.3 \$1	TREET	ADDRES\$				
CITY-ST-ZIP	BOCA RATON FL		3.4. C	ITY-S	ST-ZIP				
TITLE		DELETE	4.1 Ti	TLE				Change	Addition Addition
NAME			4. 2 N	iame	1				•
STREET ADDRES	s		4.3 ST	TREET	address				
CITY-S1-7IP			4.4 CI	TY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE	1			Change	☐ Addition
NAME			5.2 N/	AME					
STREET ADDRES	s		5.3 \$1	TREET	ADDRESS	•			
City - St - ZIP			5.4 CI	TY-\$1	T-ZiP				
TITLE		DELETE	6.1 Tr	TLE				Change	Addition
NAME			6.2 N/	AME					
STREET ADDRES	s [		6.3 S1	TREET	ADDRESS				
COLY - ST - ZOP	İ		6.4 Ci	TY - S	T-ZIP				

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 attangament with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO