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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:54

DOCUMENT # P93000066889 (5)

1. Corporation Name
W.N.I., INCORPORATED

Principal Place of Business	Mailing Address
~~5938 FRONT WAY~~ ~~APOLLO BEACH FL 33572~~ US	~~POST OFFICE BOX 9120~~ ~~APOLLO BEACH FL 33572~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1993	3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-3203297	☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 11325 Torrey Pines Dr.	26 11325 Torrey Pines Dr.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Riverview, Florida	City & State: 28 Riverview, Florida
Zip: 24 33569 Country: 25 U.S.A.	Zip: 29 33569 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent

PYLE, TERRENCE F
~~5938 FROND WAY~~
~~APOLLO BEACH FL 33572-3126~~

10. Name and Address of New Registered Agent

81 Name: PYLE, TERRENCE F.
82 Street Address (P.O. Box Number is Not Acceptable): 707 Del Webb Boulevard
83
84 City: Sun City Center FL 85 Zip Code: 33573

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☒ Change ☐ Addition PSTD
NAME	GOTTFRIED, DAN	1.2 NAME	GOTTFRIED, DAN
STREET ADDRESS	~~5938 FROND WAY~~	1.3 STREET ADDRESS	11325 Torrey Pines Drive
CITY-ST-ZIP	~~APOLLO BCH. FL~~	1.4 CITY-ST-ZIP	Riverfiew, Florida 33569
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Dan R. Mott
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0286941 CP