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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000069583

1. Corporation Name

WINTER GARDEN FINANCE COMPANY

571 MERCY DR	e of Business	Mailing Address							
5/1 MERCT UR	ì.	571 MERCY DR.							
ORLANDO FL 3	32805	ORLANDO FL 32805				DO NOT WED	TC 151 THO	CDACE	
US		US				DO NOT WR		SPACE	
_		ساميء يخصدر داد	- . · -			- 3. Date Incorporated or Qualifed			ł
						10/06/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
21		26				59-3206255			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				U. Octamodic of Carlos Boom of		Fee Re	equired
City & Stat	le	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the cur	rent year in	tangible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New	Registered	Agent	
			8	1	Name				
Ber	RY, DANIEL A		8:	+	Ctroot Addro	on (B.O. Boy Number is Not Accept	able)		
12403 W. COLONIAL DR.			6,	-	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
· WIN	TER GARDEN FL 34787		8:	3				****	
			Ľ						
[84	4	City		FL	85 Zip	Code
44 D	to the provisions of Sections 607.050	02 and 607 1508 Florida Statute	s the abo		named corno	ration submits this statement for the	nurnose of	f changing its	registered
) office or r	registered agent or both in the State	of Florida. Such change was au	itnonzea b	IV LI	he corporation	n's board of directors. I hereby acce	pt the appo	intment as re	gistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statute	es.					j
SIGNATURE							DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Agent signature require 13.		signature required	ADDITIONS/CHANGES TO OF		ND DIRECTO	ORS IN 12
12.	OFFICERS AF	ND DIRECTORS				ADDITIONS/CHANGES TO OF	I IOLINO A	ND DINEON	2110 114 12
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	BERRY, DANIEL A 2823 MIDSUMMER DR	- 27	1.1 TITLE 1.2 NAME	Ε	ADDRESS			Change	Addition
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report or supplemental annual report is true and accurate and that cornoration or the receiver or trustee empowered to execute this retainment, or on an attachment with an address, with all other like em officer or director of the Block 12 or Block 13 if SIGNATURE:

14. I hereby certify that the jatormation supplied with this filling does not qualify for the exemptic indicated on this annual report or supplemental annual report is true and accurate and that

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tion 119.07(3)(i), Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am an by Chapter 607, Florida Statutes; and that my name appears in