

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90094 037 ***150.00

DOCUMENT # P93000077673

1. Corporation Name

WINSTON DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

~~431 NW 63RD DR~~
COCONUT CREEK FL 33073
US

PO BOX 1825
MIDDLEBURG VA 20118
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

65-0447355

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 6410 NW 4TH AVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

MUSS, JOSHUA A.
8311 BOB-O-LINK DR
WEST PALM BEACH FL 33412

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13450 NW 4TH ST. APT. 202

83

84 City PEMBROKE PINES

FL

85 Zip Code

33028

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MUSS, JOSHUA A
STREET ADDRESS 11781 LEE JACKSON MEMORIAL HWY., SUITE 320
CITY-ST-ZIP FAIRFAX VA 22033-9309

☐ DELETE

TITLE VP
NAME WEBBER, DAVID F.
STREET ADDRESS 8290 BOB-O-LINK DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE ST
NAME DENNEN, MARVIN L.
STREET ADDRESS 9206 GATEWATER TR
CITY-ST-ZIP POTOMAC MD 20854

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

13450 NW 4TH ST. APT. 202
PEMBROKE PINES, FL 33028

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

MARVIN L. DENNEN, TREASURER 3/31/99 (301) 315 9204