FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

DOCUME	996 FNT # P94 0	000071689 (1)		NS 			
WINSTON MANUFACTURING CORPORATION							
Principal Place of E	Business	Mailing Address			·		10301 14070 02191 10410 1041 1001
1745-55 W. 32ND PLACE		1745-55 W. 32ND PLAC	Ε				
HIALEAH FL 330	012	HIALEAH FL 33012					
					 Date Incorporated or Qualified 09/29/1994 		te of Last Report 08/09/1995
2. Principal Place		2a. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number		Applied For
ين المالية		- 26 Suite, Apt. #, etc.			65-0531429		Not Applicable \$8,75 Additional
Suite, Apt. #, e	MC.	27 Stiffe, Apt. #, etc.			5. Certificate of Status Desired		Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	D	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Gountry	-	8. This corporation has liability for Horida Statutes	intangible s 🔲 No	tax under s. 199.032,
	9. Name and Address of Cu	44	1001		10. Name and Address of New I	Registere	d Agent
GOLDSTEIN, LAWRENCE 1745-55 W. 32ND PLACE HIALEAH FL 33012			83 84	City	dress (P.O. Box Number is Not Accepta	F	
or registered familiar with, a	agent, or both, in the State of and accept the obligations of, history pressure of the state of	Florida: Such change was authorize Section 607.0505, Florida Statutes.	ed by the corp	oration s to	ocation submits this statement for the popular of directors. Thereby accept the apprint which they are stated when they accept the apprint which were in the popular when they accept the apprint which was a stated when the popular was a stated when they accept they accept the popular was a stated when they accept they accept the popular was a stated when they accep	JOH HINEHER	as registered agent, ram
TITLE	P	DELETÉ	1 1 THELE		ITCE PRESIDENT		Change 🔀 Addition
NAME:	GOLDSTEIN, LAWRENCE		1.2 NAME	١,	HITAM NEWNAM	. ~	
STREET ADDRESS	1745-55 W. 32ND PLACI	E	1.3 STREET	ADDRESS 1	145-55 W3800 PUN	CB-	
CITY - S1 - ZIP	HIALEAH FL 33012	E Profit	1.4 CITY - S	1 - ZIP	BE 17, HAZINTH	012	Change Addition
TITLE		☐ DELÉTE	2 1 THLE				D Claride D Macron
NAME STORY LASCONCES			2 2 NAME 2 3 STREET	Annesse			
STREET ADDRESS			2.4 C/1Y - S				
CITY - ST - 20F		DELETE	3 1 10 LF	' <u>*</u>			Change Addition
NAME:			3.2 NAME				
STREET ADDRESS			3.3 STHEE	ADDRESS			
Crity-ST-7P			3.4 CHTY - S	T-21P			
TITLE		DELETE	4 111111				Change Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	h			
CITY-ST ZIF		DELF IL	4.4 City - 5 5.1 Till E	1-74	, ,		Change Addition
TOLE		LJ MIET	5 2 NAME				
NAME e total LABBORGE			5.3 STHEL	ATHRESS			
STREET ADDRESS			5.4 CITY - 5				
CHY-ST-ZIP TITLE		DELETE	6 1 Title				Change Addition
NAME		_	62 NAME				
STHEE! ADDRESS			6.3 STREET	ADDRESS			

6.4 CITY - ST - ZIP 14. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 office 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 thook 13 if charges, or on an attachment with an address.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

378-439-3344