PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084490 1. Corporation Name

WINLAT CORP.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90139 020 ***150.00



			_						
Principal Place of Business Mailing Address									
25161 PENNY ROYAL DRIVE 25161 PENNY ROYAL DR.									
BONITA SPRINGS FL 34134 BONITA SPRINGS FL 33923 US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/18/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		plied For	
21		26				65-0536720		t Applicable	┨
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	n			5. Certifcate of Status Desired		Additional equired	
22 City & Stat	8	City & State				6. Election Campaign Financing		May Be	=
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Çol	untry		8. This corporation owes the current year In	tangible		
24	25	29	30			Personal Property Tax.	☐ Yes	No	1
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	•	-
	MARIEE MOONA			81	Name				
	NKAUFF, URSULA 51 PENNY ROYAL DR.	•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	IITA SPRINGS FL 33923			83				·	1
BUN	IIIA OFRINGO FL 33523			03					
1				84	City	FI	85 Zip	Code	
11 Purcuent	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tes the s	bove-	named corp	oration submits this statement for the numose of	- I I	registered	1
l office or r	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was a	authorize	d by tr	ne corporatio	n's board of directors. I hereby accept the appo	intment as re	gistered	
SIGNATURE		A and title if annihumble (NOT)	E: Bosistans	d Agent	eianatura mauiea	when reinstating) DATE			_
12.	Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS			Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	ç
TITLE	D	☐ DELETE 1					Change	☐ Addition	111
NAME	GUENTHER, BATSCHAK		1.2 NA						5
STREET ADDRESS	25161 PENNY ROYAL DR.		1.3 S	1.3 STREET ADDRESS		,			l L
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 0	1.4 CITY-ST-ZIP					ؤل
TITLE	D ·	☐ DELETE	☐ DELETE 2.1 TITL				Change	☐ Addition	1
NAME	WEINKAUFF, HEIKO	EINKAUFF, HEIKO 221		AME	Ì		•		
STREET ADDRESS	25161 PENNY ROYAL DR		2.3 \$	TREET A	ADDRESS				
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NAME	}		1	AME	IDDDEES				
STREET ADDRESS			***		ADDRESS ZID				
CITY-ST-ZIP				3.4. CITY-ST-ZIP			[] Change	Addition	1
NAME		ا عدد ال	4.2 NAME		Į				
STREET ADDRESS	•		4.3 STREE		ADDRESS				
CITY-ST-ZIP			4.4 CITY-1						
TITLE		☐ DELETE	5.1 T				☐ Change	☐ Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREETA	NDORESS				
CITY-ST-ZIP				ITY-ST-	ZIP				1
TITLE		☐ DELETE	6.1 T				☐ Change	☐ Addition	
L .				AME					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

941-498-1387