## 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

## DOCUMENT # P9500001707 1. Corporation Name 1. ORBAINE WINCOR B.A.

LORRAINE WINCOR, P.A.

Principal Place of Business

IGNATURE:

3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE FL 33308 Mailing Address

3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE FL 33308

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90074 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

	Place of Business	On Molling Add			01/06/1995		
24		2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	# etc	26			65-0560682	<del></del>	Not Applicable
_	<del>, 0.0.</del>	Suite, Apt. #, etc.					Additional
City & Sta	to	27			5. Certifcate of Status Desired		Required
City & Sta	n <del>e</del>	City & State			6. Election Campaign Financing		
3		28			Trust Fund Contribution		May Be
Zip ¬ı	Country	Zip	Count	try			to Fees
4	25	29	30		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>		
	9. Name and Address of Current	Registered Agent	1001			☐ Yes	□No
			8	1 Name	10. Name and Address of New Registere	d Agent	
WINCOR, LORRAINE 3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE FL 33308							
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
			8	3	· · · · · · · · · · · · · · · · · · ·		1840 188 17
			R	4 City	——————————————————————————————————————		图4.数图
				1		85 Zip	Code
1. Pursuant office or r	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the annual process the second statement for the purpose ion's board of directors.	of changing it	
agent. I a	m familiar with, and accept the obligation	Florida. Such change was a ons of, Section 607 חלים.	uthorized b	y the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing its ointment as re	registered egistered
SIGNATURE	,	57, 000001 001:0003, FIC	nua Statute	S.	•		,
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Ac-	ant signature	ed when reinstating) DATE		•
2.	OFFICERS AND		13.	an alguature require			<del></del>
TLE	Р	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
VME	WINCOR, LORRAINE					Change	☐ Addition
REET ADDRESS	3200 N. PORT ROYALE DR., STE	: 1000	1.2 NAME				
TY-ST-ZIP	FORT LAUDERDALE FL	. 1203	1.3 STREE	TADDRESS			•
ILE	TOTT DAUDENDALE FL		1.4 CITY-5	T-ZIP			
ME		☐ DELETE	2.1 TITLE			☐ Change	Addition
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