## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

P95000030899 (5)

WIN-TECH SERVICES, INC.



Principal Place of Business Mailing Address		1   00011001 310 1010; G1111 69111 00111 001								
1160 SEABREE GULF BREEZE			ABREEZE LANE EEZE FL 32561							
						<ol> <li>Date Incorporated or Qualified 04/20/1995</li> </ol>	3a. Dat	e of ta	st Repo	ort
2. Principal Place of Business		2a. Mailin	2a. Mailing Address		4. FEI Number			Appli	ed For	
26				59-3347638		Not Applicabl				
Suite, Apt #	, etc	Suite,	Apt. #, etc.			5. Certificate of Status Desired	<b>Z</b>	-	<b>75</b> Add	
22		27				O. Octavosto of Calaba Province		Fe	e Requ	ired
City & State		City &	State			6. Election Campaign Financing	Γ")		.00 ма	
23		28				Trust Fund Contribution	<u> </u>		ded to F	
<sup>Z₁ρ</sup>	Country	Zip		Country		8. This corporation has liability for			ers 19	9 032
24	25	[29]		30		Florida Statutes   10. Name and Address of New Re	Yes	No.		
	9. Name and Address of Cut	rrent Hegistered A	geni	81	Name	To. Name and Address of New Ne	Alatelea V	gent		
WIN	TER, GREGORY									
116	O SEABREEZE LANE			82	Street Add	tress (P.O. Box Number is Not Acceptab	ile)			
GUL	JF BREEZE FL 32561			83						
				84	City		FL	85	Zip Coi	de
		0500 10074606	S Etc. 1.1. Oxes			poration submits this statement for the p		1_1_	o ito ro	sur toroid
	Signature, typed or probed name of registers	Tagent and title if applicat	de (N.	Off: Begistered Age	n: signature requ	red whan renstring: ADDITIONS/CHANGES TO OFFIC	DAIE	DIREC	1000	N. 12
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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 617, Florida Statutes; and that my name appears to Block 13 if changed, or on an attachment with an address

SIGNATURE:

GALLANY D. WINTEL, PMS 7130/96 964 984-464