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

PROFIT CORPORATION ANNUAL REPORT **1998** 



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000042685 (4)

FILED
May 08 1998 8:00am
Secretary of State

Principal Place	RT M. WINICK, P.A. se of Business	Mailing Address 1800 2ND STREET			
SUITE 808 SARASOTA FL 34231		SUITE 608 SARASOTA FL(34231)		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				06/01/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0584008	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin	1236 Country	34236	Country	This corporation owes or has paid the     Personal Property Tax due June 30.	ne current year Intangible
<del></del>	9. Name and Address of Current		11	10. Name and Address of New Registr	
WI	NICK, ROBERT M		81 Name		<del></del>
	00 2ND STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	NTE 806		July Stiest Add	reas (i .O. DOX reultidat is not Acceptable)	
	RASOTA FL 34236		83		
			84 City		85 Zip Code
	$\bigcirc$ $\bullet$			•	FL
II. PUISUANT	to the provisions of Septions 607.0502	and 607, 1508, Flarida Statu	tes, the above-named core	poration submits this statement for the purpo	ose of changing its registered
11. Pursuant office or ragent. La	to the provinces of Stephons 607.0502 registered againt, or both in the States am familiar with, appeared to the states of a state of the states of the stat		ites, the above-named corrauthorized by the corporal loring Statutes	poration submits this statement for the purp tion's board of divectors. I hereby accept the ANGL (Whentygnistating)	ose of changing its registered e appointment as registered
office or r agent. I a	_ Constant	i and title if applicable (NO	/ No Com	AN ZE FLUVO	ATE
office or r agent. I a SIGNATURE	Signature, typed or printed herve of registered agents OFFICERS AND	i and title if applicable (NO	NE Registered Agent signature requi	ired when disstating) D	ATE
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD WINICK, ROBERT M	I and tille if applicable (NO DIRECTORS	TE: Registered Agent signature requi	ired when disstating) D	ATE S AND DIRECTORS IN 12
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4. I needy certify that the information supplied with this filing does not quality for the exemption stated by Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplied ental 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 trusted appears in Block 12 or Block 13 if changed, or or in attact that with an analysis.

SIGNATURE:

29/98 94/366-