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 DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 06 1998 8:00am Secretary of State

· .	on Name		1004903	5 (2)					
THE W	inners G	ROUP, INC.					I IN NICENI III IN IN NICENIA NATIO NATIO DELLE DE	ikis Midim adzīb darībā arībā mira 1000.	
Principal Place of Business			Mailing Ad	Mailing Address			* 4601/0001 (10 (010) 01111 00/41 00/11 00/11	III. OADIO EDIIO DIIDO FIORI BAFF 1887	
5429 VILLAGE MARKET			5429 VILLA	5429 VILLAGE MARKET					
WESLEY CHA	PEL FL 33543		WESLEY C	WESLEY CHAPEL FL 33543			DO NOT WRITE IN THIS SPACE		
<u> </u>							3. Date Incorporated or Qualified		
							06/22/1995		
2. Principal P	Place of Busin	ess	2a, Mailing	2a, Mailing Address			4. FEI Number	Applied For	
21			26	id			59-3324583	Not Applicable	
Suite, Apt.	#, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
(City & Stat	te		City & State			6. Election Campaign Financing	Fee Required		
23			28				Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Zip	Zip		,	8. This corporation owes or has paid to		
24	25 29			30			Personal Property Tax due June 30. Yes No		
		and Address of Curre	ent Registered Ag	ent	81	1 10	10. Name and Address of New Regist	tered Agent	
	re, mark t				61	Name			
501 E. KENNEDY BLVD.					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 1700					83				
TAMPA FL 33802					"				
					84	City	FL 85 Zip Code		
11. Pursuant	to the provision	ons of Sections 607.05	rporation submits this statement for the purp	ose of changing its registered					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								e appointment as registered	
SIGNATURE		\cdot / \sim	ل_					01/04/97	
	Signature, typed o	r printed amo of registered a		(NOTE	_	int signature req	uired when reinstating)	DATE.	
12.	<u> </u>	OFFICERS A	ND DIRECTORS	DELETÉ	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	MALYNOWSKY GERRY T			1.1 TITLE			☐ Change ☐ Addition		
STREET ADDRESS 17344 LAKE GIBSON LANE					1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP ODESSA FL 33556					1.4 CITY-ST-ZIP				
TITLE	00100			DELETE	2.1 TITLE	1-211		Change Addition	
NAME					2.2 NAME			- · · -	
STREET ADDRESS					2.3 STREE1	ADDRESS			
CITY-ST-ZIP	RITY-ST-ZIP				2. 4 CITY-ST-ZIP				
TITLE	DELETE				3.1 TITLE			Change Addition	
NAME	AME				3.2 NAME	1			
STREET ADDRESS				3.3 STREET	1				
CITY-ST-ZIP				T DELETE	3.4. CITY-S	T-ZIP			
TITLE			L	DELETE	4.1 TITLE	ľ		Change Addition	
NAME					4. 2 NAME				
STREET ADDRESS CITY-ST-ZIP					4.3 STREET				
TITLE				DELETE	4.4 CITY - ST 5.1 THILE	1-ZIP		Change Addition	
NAME			_		5.2 NAME			Frankly Rabillost	
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY - ST				
TITLE				DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP					6.4 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 corpolation 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 an attachment with an address.