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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090994

1. Corporation Name

WINNTECH COMPUTERS, INC.

Principal Place	e of Business	Mailing Address					
2712 S US 1		2712 S US 1					
C.S-		-64 			DO NOT WRITE IN T	IS SPACE	
FORT PIERCE FL 34982		FORT PIERCE FL 34982 US		3. Date Incorporated or Qualifed			
US		03			01/01/1996		
2 2-111 2	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
	ace of Business	<u>⊢</u> •			59-3346840		Applicable
21	4 -1-	Suite, Apt. #, etc.			39-3340040	\$8.75 A	
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Red	
22		City & State			C. Floribe Committee Street in a		·
City & Stat	e	}			6. Election Campaign Financing	\$5.00 i Added to	
23		28	Count	tnr	Trust Fund Contribution		71 003
Zip	Country	Zip		иу	8. This corporation owes the current year		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curre			81 Name	10. Name and Address of New Register	ed Agent	
THE	LAW FIRM OF LAWRENCE J S	DIEGEL CHOTO	`		_ •		
		EGEL OTHER		82 Street Add	dress (P.O. Box Number is Not Acceptable)		-
	ALMERIA AVENUE		Ļ			100 4	\$15.75.77
CUF	VAL GABLES FL 33134	•		83			
	•		1	84 City	The state of the s	* ' 85 7in C	
			- 1				
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statute	s, the abo	ove-named cor	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	or Florida. Such change was au ations of Section 607.0505. Flori	tnorizea i da Statut	by the corporatiles.	tion's board of directors. I hereby accept the ap	pontinent as reg	,sicred
SIGNATURE		4					l
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	Agent signature requir	red when reinstating)) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTD	☐ DELETE	1.1 TITL	E	***	Change	☐ Addition
NAME	WINN, BARRY L		1.2 NAM	AE.	, , -		}
STREET ADDRESS	ATOM ANYONIA ALITABILIT		1.3 STR	EET ADDRESS			- [
CITY-ST-ZIP	FORT PIERCE FL 34982		14 CID	Y-ST-ZIP			{
TITLE	VSD	☐ DELETE	2.1 TITL			☐ Change	Addition
NAME	WINN, KAREN G		2.2 NAM	4E			
	1 '		2.20 1 =				
STREET ADDRESS	1701 ARIZONA AVENUE FORT PIERCE FL 34982		22 CTD	PEET ADDDESS			
CITY+ST-ZIP				REET ADDRESS			
		2 ° ° · · · · · · · · · · · · · · · · ·	2. 4 CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TILLE 1945		DELETE	2. 4 CIT	Y-ST-ZIP .E	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME TO A SECOND	EWINED WEEL	DELETE	2. 4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP .E. ME	· · · · · · · · · · · · · · · · · · ·	`	☐ Addition
1345	AND THE PROPERTY OF THE PARTY O	DELETE	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Y-ST-ZIP JE ME REET ADDRESS		⁻	Addition
NAME STREET ADDRESS C/TY-ST-ZIP		aegrara.⊤	2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	Y-ST-ZIP JE ME REET ADDRESS Y-ST-ZIP			
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14. Hereby certify that the information supplied with this filing 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 or an attachment with an address with all other like empowered.