

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000096943 (2)**

1. Corporation Name  
**MR WINKLER, INC.**



Principal Place of Business: **2014 SE 34TH LN OKEECHOBEE FL 34974**  
Mailing Address: **2014 SE 34TH LN OKEECHOBEE FL 34974**

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	27 City & State	28 City & State
22 City & State	23 Zip	25 Country	29 Zip
24	25	29	30 Country

3. Date Incorporated or Qualified <b>12/22/1995</b>	3a. Date of Last Report
4. Fee Number <b>65-0633024</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WINKLER, MELVIN L  
2014 SE 34TH LANE  
OKEECHOBEE FL 34974-2525**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				<b>FL</b>

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 registered officer 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, MELVIN L</b>	2. NAME	
STREET ADDRESS	<b>2014 SE 34TH LN</b>	3. STREET ADDRESS	
CITY- ST- ZIP	<b>OKEECHOBEE FL 34974</b>	4. CITY- ST- ZIP	
TITLE	<b>DV</b>	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, RONALD L</b>	22. NAME	
STREET ADDRESS	<b>17501 NW 38TH AVE</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>OKEECHOBEE FL 34972</b>	24. CITY- ST- ZIP	
TITLE	<b>DST</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINKLER, LORETTA</b>	32. NAME	
STREET ADDRESS	<b>2014 SE 34TH LN</b>	33. STREET ADDRESS	
CITY- ST- ZIP	<b>OKEECHOBEE FL 34974</b>	34. CITY- ST- ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

**200001760642**  
**-03/28/96--01029--030**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment, with an address.

SIGNATURE: *Loretta Winkler* *Sec. Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 763-0302

CR2E034 (12/95)