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

**PROFIT CORPORATION** 

## **FILED** Feb 18 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS

	1997	DIVISION OF	COMPONATIONS			
1. Corporation	MENT # <b>P960</b> 0 d J. Winkis, P.A.	00062996 (9)			A BANKA ANKI KIJIH NANKA KAKIA AKAI NADI	
Principal Place of Business 2669 FOREST HILL BLVD SUITE 104 WEST PALM BEACH FL 33406		Mailing Address 2669 Forest Hill Blvi Suite 104 West Palm Beach Fl				
				3. Date incorporated or Qualified 07/29/1996	3a. Date of Last Report	
		2a. Mailing Address		4. FEI Number 65 - 07/106	Applied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$9.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Z <sub>I</sub> D	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	8. This corporation has liability for i	intangible tax under s. 199.032,  Yes No	
	9. Name and Address of Cu	11		10. Name and Address of New Re		
WINKIS, RICHARD J 1896 VIOLET AVENUE WEST PALM BEACH FL 33415			B1 Name	81 Name		
			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
			93	83		
			63			
			84 City		FL 85 Zip Code	
agent. La	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the c	.0502 and 607.1508, Florida Stati tate of Florida Such change was bligations of, Section 607.0505, F	ites, the above-named corp authorized by the corporat lorida Statutes.	poration submits this statement for the pilon's board of directors. I hereby acception	urpose of changing its registered at the appointment as registered	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable (NC	TE: Registered Agent signature requir	ed when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD Winkis, Richard J	DELETE	1.1 TITLE		Change Addition	
NAME STREET ADORESS	1896 VIOLET AVENUE		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33	1415	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		Print	2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
N/4 ME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		T priese	4 4 CITY - ST - ZIP			
TOLE		☐ DELETE	5 1 TITLE		Change L. Addition	
NAME STREET ADDRESS			5 2 NAME 5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	·		6.4 CITY - ST - ZIP			
informatio	in indicated on this appual report	or eupplemental appual report is	true and popurate and that	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida S	Laffact on if made under noth, that	