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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072524 (7)

WINKLER INVESTMENT, INC.

	F	FILED)
Mar	18	1997	8:00am
Sec	cret	ary o	f State



Principal Place of Business Mailing Address		4 HODITANI 150 BOSED ODSTI OBLIS ODSTI ODSTI DOSTI DOSTO DOSTO DISTO DISTO DISTO DISTO DISTO DISTO DISTO							
3400 S TAMIAMI TRAIL STE 303 SARASOTA FL 34239			3400 S TAMIAMI TRAIL STE 303 SARASOTA FL 34239-6023						
						3. Date Incorporated or Qualified 08/30/1996	3a. Date o	of Last F	eport
2. Principal Pa	ace of Business	2a. Mailing A	Address			4. FEI Number	- 	A	plied For
21		26				65-0692758		No	ot Applicable
Suite, Apt	#, etc	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	□ \$		Additional equired
City & State		•	City & State		6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zφ	Country	Zip		Countr	у	8. This corporation has liability for i		under s	. 199.032,
24	25	29	3	0			Yes 🔲 N		
	9. Name and Address of Currer	nt Registered Age	ent			10. Name and Address of New Re	gistered Age	int	
	ISCH, PETER J			8	Name				
	S TAMIAMI TRAIL STE 303			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
SARA	ASOTA FL 34239				 				
				83	"				
				84	City		В	5 Zip	Code
					'		FLI		
Office or re	edistered agent, or both, in the State	i of Florida. Such d	change was au	thörized t	ov the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of cha	anging i ment as	s registered registered
agent Lar	m tamiliar with, and accept the oblig	ations of, Section	607.0505, Flori	da Statute	es.	,,,,,,,,,,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70g/010-02
SIGNATURE									
	Stopian centype doir printed name of registeria age		(NOTE: I		gent signature requ	aired when reinstaling)	DATE		
12.	D OFFICERS AN	D DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			S IN 12
NAME	WINKLER, KLAUS-DIETER	L	_ bleefe	1			Ш	Change	L Addition
	711 PAMELA DRIVE			1.2 NAME					
STREET ADDRESS	PUNTA GORDA FL 33950				T ADORESS				
C/TY-S1-7/P TIFLE	PUNTA GORDA PE 33800		DELETE	1.4 CITY -	ST-ZIP			06	T Address
·		L.	1) OFFERE	2.1 TITLE				Change	
NAM:				2.2 NAME					
STREET ADDRESS					T ADORESS				
CHY-S1-74P			DELETE	2 4 CITY 3.1 TITLE	-SI-ZIP			Change	Addition
NAME		_	_ orten	3.2 NAME				Change	□ Modition
STREET ADDRESS									
					T ADORESS				
CITY - S1 - ZIF		·	DELETE	3.4. CITY	-21-715			Change	Addition
NAM!		J		4. 2 NAMI			L.J	Sumille	L AUGILIUII
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP					i				
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	4.4 CITY- 5.1 TITLE	31-ZIP			Change	Addition
NAME		_		5.2 NAME				÷πατ ι gυ	Las Addition
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP									
TITLE			DELETE	5.4 CITY - 6.1 TITLE	31-ZIP			Change	Addition
NAME		L.	-1 prices					onange	
i				6.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIF		The same alice and the same		64 CITY-	S1-ZIP	1. 0 440.07(0)(1.5)			

I do 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 on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERMANY 497222 82318