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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000037519

1. Corporation Name

WINTECH MEDICAL, INC.

,	· · · · · · · · · · · · · · · · · · ·								
Principal Plac	e of Business	Mailing Address		_					
2381 ROBERTA LANE 2381 ROBERTA LA						1			
CLEARWATER FL 34624 CLEARWATER F			FL 34624			DO NOT WEITE	N TUIC C	PDACE	
33764		33764			DO NOT WRITE IN THIS SPACE				
	,					3. Date incorporated or Qualifed 04/25/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		-	pplied For	
21		26				59-3442496			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1		Additional
		27				3 .		Fee Re	equired
City & State		City & State			٠	6. Election Campaign Financing	,		May Be 😙
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current			,
24	25	29	30			Personal Property Tax.		∐ Yes	X No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regi	stered A	gent	{
1431-44	PER ANNI			81	Name				Ì
WINTER, ANN				82	Street Addre	ss (P.O. Box Number is Not Acceptable			
	ROBERTA LANE				0				
CLE	ARWATER FL 34624			83				_	
	•			-				las Zia	
				84	City		FL	85 Zip	Code
Office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Such change was pations of, Section 607.0505, Fl	authorized orida Stati	i by ti ites.	ne corporation	ration submits this statement for the pur i's board of directors. I hereby accept th	е арроп	tment as re	registered
01011110112	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent	signature required		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS ANI		
TITLE	PTSD	☐ DELETE	1.1 777	RΕ				Change	☐ Addition
NAME	WINTER, ANN		1.2 NA	ME	}				
STREET ADDRESS	2381 ROBERTA LN		1.3 ST	REET	ADDRESS	÷			\
CITY-ST-ZIP	CLEARWATER FL 33764		1.4 CF	TY-ST-	ZIP				
TITLE	VP ·	☐ DELETE	2.1 111	rle		-		Change	☐ Addition
NAME	WINTER, RONALD H		2.2 NA	ME					
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			33 ST	REET	ADDRESS .				ļ
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CITY-\$T-ZIP	 	☐ DELETE	4.1 TT		-211			Change	Addition
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NAME .			1		*DD0E00				1
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CITY-ST-ZIP	<u> </u>	☐ DELETE		TY- \$T-	· ZIP			Change	Addition
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NAME	· ·		5.2 N/		+D00500				
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CITY-ST-ZIP				TY-ST-	- ZIP			[7] Character	□ Addition
TITLE		DELETE	6.1 TF		}			Change	☐ Addition
NAME			6.2 N						-
STDEET ADDRESS	·		6.3 S1	REET	ADDRESS				

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ANN WINTERLATURE

4/21/99

727-531-9359

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 028 ***150.00