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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043348 (6)

WYNNFIELD BUILDING CORPORATION

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business 903 EMMETT STREET	Mailing Address 903 EMMETT STREET		
KISSIMMEE FL 34741	KISSIMMEE FL 34741		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			05/12/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-3454690 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
SANT, EDWARD		81 Name	
903 EMMETT STREET		62 Street Add	ress (P.O. Box Number is Not Acceptable)
KISSIMMEE FL 34741		63	
•		83	
		84 City	85 Zip Code
44 Burn and to the provisions of Continue CGT OFO	2 and 607 4500 Florida Dia		FL s z p code
office or registered agent, or both, in the State	of Florida. Such change was	utes, the above-hamed cor s authorized by the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Statutes.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE Signature, typed or printed name of registered age	and the first transfer to	OTE: Registered Agent signature requi	
12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	· · · · · · · · · · · · · · · · · · ·	RESIDENT Change Addition
NAME		1.2 NAME	DWARD SANT
STREET ADDRESS		1.3 STREET ADDRESS	EWARD SANT OB ENWETT ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	OSSOMME, FL 34741
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4. CITY-ST-ZIP	
TITLE	☐ DELET E	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
City-St-zip		4.4 CITY+ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	Delete.	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	stration of the second	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. I hereby certify that the information supplied with they ling closs 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 suppliemental art played point 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 in the steed propowered 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 attaining it in address.

CIGNIATURE.

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