

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098147 (6)
 1. Corporation Name
WINSTON TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business 13120 NW 11TH DRIVE SUNRISE FL 33323-2951	Mailing Address 13120 NW 11TH DRIVE SUNRISE FL 33323-2951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		11/17/1997		65-0794233		Not Applicable	
22		27		5. Certificate of Status Desired		8. Election Campaign Financing		Trust Fund Contribution	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/>		<input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		7. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		24		25		29	
Zip		Country		Zip		Country		30	
33323		US		33323		US			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAUL, JOSEPH 13120 NW 11TH DRIVE SUNRISE FL 33323-2951				81 Name PAUL, JOSEPH			
				82 Street Address (P.O. Box Number is Not Acceptable) 13120 W. SUNRISE BLVD.			
				83 SUITE 175			
				84 City SUNRISE FL 85 Zip Code 33323			

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: *Joseph Paul* **JOSEPH PAUL** DATE: **3/13/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	13120 NW 11TH DRIVE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	SUNRISE FL 33323-2951
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/TREASURER
NAME		2.2 NAME	ROSE PAUL
STREET ADDRESS		2.3 STREET ADDRESS	13120 NW 11TH DRIVE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	SUNRISE FL 33323-2951
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Joseph Paul* **JOSEPH PAUL** **954-846-7134**

CR2E034 (10/97)