PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010172

WINTERBOURNE, INC.

Principal Place of Business Mailing Address 9226 NW 9TH PLACE 9226 NW 9TH PLACE PLANTATION FL 33324 PLANTATION FL 3332 2. Principal Place of Business 2a. Mailing Address				24		DO NOT W 3. Date Incorporated or Qualifit 02/02/1998 4. FEI Number	RITE IN THIS	SPACE	plied For
11	lace of Business	26	26			6 5-082	033'7		t Applicable
Suite, Apt. #, etc.		\vdash	Suite, Apt. #, etc.			5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required			
-City & Stat	te	City & Stat	te	•		Election Campaign Financia Trust Fund Contribution	^{ng} . 🗆	\$5.00 Added	
Zip	Country	Zip		Count	try	8. This corporation owes the c	surrent year int		mu.
14	25	29		10		Personal Property Tax.	Danistana	Yes	□No
	9. Name and Address of Cur	rent Registered Agen	nt		MI Na -	10. Name and Address of New	w Registered	Agent	
B.44	IDBNIO4 CARY S			16	11 Name				
1254	IDRINGA, GARY R 4 CAMELLIA LANE				32 Street Ad	ress (P.O. Box Number Is Not Acceptable)			
FTL	LAUDERDALE FL 33326				33	• • •		_	
-					34 City		FI	85 Zip (Code
11. Pursuant office or ragent. I a	registered agent, or both, in the Sta arn familiar with, and accept the obl	igations of, Section 60	17.0505, Florid	da Statut	85.	proporation submits this statement for tation's board of directors. I hereby activities the statement of the	he purpose of cept the appoi	changing its intment as re	registered gistered
office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl 	agent and title if applicable. AND DIRECTORS	17.0505, Florid	da Statut	es.	proporation submits this statement for the statement of the statement of directors. I hereby accurate when reinstating) ADDITIONS/CHANGES TO	DATE	·	
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14. I hereby certify that the info indicated on this annual re-officer or director of the cor Block 12 or Block 13 if cha

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supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information appliemental abrual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receivekor trustee empowered to execute this report as grounded by Chapter 607, Florida Statutes; and that my name appears in round attachment with an address, with all other like empowered.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90097 019 ***150.00