PROFIT CORPORATION



FLORIDA DEPARTMENT (F. STATE Katherine Harris

FILED Apr 09, 1999 8:00 am Secretary of State

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	MENT # P98000	015097			
WINTER'	'S GARDEN, INC.				184 186 BAIL BEND 1911 1981 1981
	<u> </u>			[4001/000] \$19 14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16	(O) (FED) DIFFE FORIT (BIT) 1997 (EB)
Principal Place		Mailing Address			
P.O. BOX 562332 P.O. BOX 562332 MIAMI FL 33256 MIAMI FL 33256					
William I C WOOD	•			DO NOT WRITE IN TH 3. Date incorporated or Qualifed	IIS SPACE
				02/16/1998	
a Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	, and the state of	26		65-0455419	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	<u></u>	27			\$5.00 May Be
City & State	8 	City & State		6. Election Campaign Financing Trust Pund Contribution	Added to Fecs
Zip	Country	Zip	Country	s. This corporation owes the current year	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes No
	9 Name and Address of Curren	t Registered Agent	94 1	10. Name and Address of New Registers	ed Agent
WINT	TER THANE		81 Name W	INTER, DIANE	
WINTER DIANE 8601 SW-127 STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
MIAMI, FIL 33 158			83		
			84 Cit/2	1 11 10 10 -	85 Zip Code
	Call Call Call Call Call Call Call Call			broke YINES F	L 85 33322
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named con lorized by the corporati	poration submits this statement for the purposa ion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the obliga	tions of Section 607,0505, Florid	a Statutes.		
	# / / ~ /3/	111		n ta d	44
SIGNATURE	MI Ser (7) 186 516	llet vit		ed when reinstating) DATE	99
LEIGNATURE	Signature, typed or printed name of registered ages	llet vit	gistered Agent signature require	2/2//	99
	Signature, typed or privide name of registered ages OFFICERS AN	nt and title if applicable. (NOTE: Re	gislerid Agent signature requir 13.	ed when reinstating) DATE	99
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I hereby certify that the information supplied with this high goes not quality for the exemption stated in Section 119.07(3)(j), Fibrida Statutes. I further certify that it all indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the receiver or furstee 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.

SIGNATURE:

SOUTH WINTER