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

PROFIT CORPORATION ANNUAL REPORT

1999

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Zip

City & State



FLORIDA DEPARTMENT OF STATE

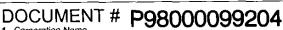
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90053 006 ***150.00

DO NOT WRITE IN THIS SPACE



1. Corporation Name
WIN E. PRODUCTS, INC.

Principal Place of Business

1786 MARSH WREN WAY
PALM HARBOR FL 34683

2. Principal Place of Business

2a. Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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28

City & State

3. Date Incorporated or Qualifed
11/23/1998
4. FEL Number Applied For Not Applicable
5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution Sa.75 Added to Fees

Country Zip 8. This corporation owes the current year Intangible Country ☐ Yes No. Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURRAY, SANDRA L Street Address (P.O. Box Number is Not Acceptable) 82 1786 MARSH WREN WAY PALM HARBOR FL 34683 83

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 office 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 that the obligations of Section 607.0505. Florida Statutes.

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office 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.					
	in familiar with all accept the congations of, decide of social	Nuss.	any theo.	2-1-99	.
SIGNATURE	Signature, tyles or partied harra of systemed agent and title if applicable. (NOTE: Re	gistered Agent signature re		DATE	
12.	OF ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO	
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition
NAME	MURRAY, SANDRA L	1.2 NAME	•		}
STREET ADDRESS	1786 MARSH WREN WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	<u></u>	<u></u>	
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MURRAY, JAMES K	2.2 NAME	i		ł
STREET ADDRESS	1786 MARSH WREN WAY	2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683	2, 4 CITY+ST-ZIP			
TITLE	DELETE	31 TITLE		☐ Change	Addition
NAME		3.2 NAME			{
STREET ADDRESS		3.3 STREET ADDRESS			l
CITY-ST-ZIP		3.4. CITY-ST-ZIP		<u></u>	
TITLE	DELETE	4.1 TITLE		Change	☐ Addition
NAME		4, 2 NAME			Į.
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		5.4 CITY-ST-ZIP		F3.01	Addision
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			l
STREET ADDRESS		6.3 STREET ADDRESS]
		A CODY OF TIP	1		3

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.

SIGNATURE: Sandrad Mundy President 21-99 (707) 289-8315

CR2E034 (11/98)

Zip Code