FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **S09970**

(2)

Corporation Name
 TINKY WINKS, INC.

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Mailing Address



2. Principal Place of Business 2a. Mailing Address 59-30/29/29 25	ed Agent Zip Code Changing its registered office
Suite, Apt. #, etc.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees le tax under s 199.032, bed Agent L 85 Zip Code
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Signature bands protections of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits the statement for the purpose of or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits the statement for the purpose of or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits the statement for the purpose of or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits the statement for the purpose of or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits the statement for the purpose of or registered agent, or both, in the State of Florida Statutes. 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits the statement for the purpose of or registered agent, in the State of Florida Statutes. 12.	ed Agent Zip Code Changing its registered office
KAELIN, PATRICIA 618 BURKE STREET ALTAMONTE SPRINGS FL 32701 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floreda Statutes, the above-named corporation submits this statement for the purpose of or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of circetors. I hereby accept the appointment familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS INTEE D L L L L L L L L L L L L	B5 Zip Code
KAELIN, PATRICIA 616 BURKE STREET ALTAMONTE SPRINGS FL 32701 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Synature byind or protect famile of registering directions dependent agent accept the appointment of the purpose of directors. Thereby accept the appointment appointment approximately approximately approximately appointment approximately a	f changing its registered offic
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hareby accept the appointment familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes. SIGNATURE Signature byind or protocological accept to specific agent accept to specific agent accept to take the corporation's board of directors. I hareby accept the appointment familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes. SIGNATURE Signature byind or protocological accept to specific agent accept to take the corporation's board of directors. I hareby accept the appointment familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes. SIGNATURE Signature byind or protocological accept to take the corporation submits this statement for the purpose of or registered agent accept the appointment familiar with, and accept the appointment familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes. INTERESTITUTE TO BELETE TO THE TO THE ACCEPT ACCEPT TO THE TO TH	f changing its registered offic
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NAME 62 NAME	Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(5)(6). Florida Statutes in India 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 cath, 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 challeged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

425.901

CR2E034 (12/95)