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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

	1990	DIVISION OF C	CORPORA	ATIONS			
1. Corporation		82 (7)					
WINS	TON ENTERPRISES, INC.						
					i direkidik tali orana aliku arana ka	JAR ANDA BARAN BARAN BARAN BARAN BARAN BARAN ARRAN	
Drive size I Disease	t D						
Principal Place of Business Mailing Address							
P.O. BOX 8177 CORAL SPRINGS FL 33075 P.O. BOX 8177 CORAL SPRINGS			L 33075				
					3. Date Incorporated or Qualified 11/28/1990	3a. Date of Last Report	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	05/01/1995	
21		26		65-0231953	Applied For		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing	55.00 May Be	
23 Ζιρ	Country	28			Trust Fund Contribution	Added to Fees	
24	Country 25	7 _{(p}	Cour 30	itry	This corporation has liability for in Florida Statutes Yes	atangible tax under s. 199.032,	
	9. Name and Address of Currer		30 ₁		10. Name and Address of New R		
				81 Name		- Grotoro Algoria	
GILLESPIE, R. BOWEN, III				32 Street Ad	dress (P.O. Box Number is Not Acceptabl	o)	
1515 S. FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432					and the formation of the following the follo		
				33			
BUCA	HATUN FL 33432			34 City		85 Zip Code	
11 Pursuant to	the provision of Castions COZ 0500					1-1 1	
or regratore	o agent, or both, in the State of Florit	ua. Quen enance was authorizen	, the abov by the co	e-named corp orporation's bo	oration submits this statement for the purporard of directors. I hereby accept the appo	cose of changing its registered office introductions in the control of the contro	
itarrinica. Vyjo	n, and accept the obligations of, Secti	on 607,0505, Florida Statutes.			, , , , , , , , , , , , , , , , , , , ,	. 5	
SIGNATURE	Signature, typied or printed name of registered agent	and title Lapplicable (NOTE:	Registered A	gent signature requ	irad when reinstating	DATE	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DPS DELETE		1.17(1	1 TITLE		☐ Change ☐ Addition	
NAME	Jensen, Edward C. Po Box 8177		1.2 NAN	1E			
STREET ADDRESS	CORAL SPRINGS FL			EFT ADDRESS		22 AME	
CITY-S1-ZIP TITLE	COLUMN OF THE CO	T DELETE	2 1 TH	'- ST- ZIP			
NAME			2 2 NAN			☐ Change ☐ Addition	
STREET ADORESS				EET ADDRESS			
CITY-ST-ZIP				-ST-7IP			
1ITLE		DELETE 3.1				Change Addition	
NAME			3.2 NAN	E			
STREET ADDRESS			3.3 STF	EET ADDRESS			
C-TY-ST-Z-P				-ST-ZIP			
TILLE		☐ DELETE	4 1 TITI			☐ Change ☐ Addition	
NAME STREET ADDRESS			4.2 NAN				
CITY-ST-ZIP				ET ADDRESS			
TITEF		DELETE	4.4 City 5. 1 Titl	-\$T-ZIP		☐ Change ☐ Addition	
NAME		<u> </u>	5.2 NAM			Change Ti wontou	

CITY-S1-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 attaching int with an address.

5.2 NAME

6 1 TITLE

62 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE: __

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZrP

THILE

NAME

BIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR

DELETE

4/6/96 954-755-1775

Change

Addition