

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V15041 (9)
 1. Corporation Name
WINTER QUARTER SALES, INC.

Principal Place of Business 800 KAY ROAD NORTHEAST BRADENTON FL 34202	Mailing Address 800 KAY ROAD NORTHEAST BRADENTON FL 34202-9454
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1992	3a. Date of Last Report 04/16/1996
21 Suite, Apt. #, etc.	26 c/o Dean W. Jerger, President	4. FEI Number 65-0311555	Applied For Not Applicable		
22 City & State	27 P.O. Box 8080	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23 Zip	28 Pinellas Park, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24 Country	29 33780	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JERGER, DEAN W. 7785 66TH STREET NORTH PINELLAS PARK FL 34665		81 Name	85 Zip Code FL 33781
		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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERGER, RICHARD M. SR.	12 NAME	
STREET ADDRESS	43 DOLPHIN DR.	13 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERGER, THOMAS J.	22 NAME	
STREET ADDRESS	10305 61ST CT NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERGER, DEAN W.	32 NAME	
STREET ADDRESS	7949 NINTH AVE. SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERGER, RICHARD M. JR.	42 NAME	
STREET ADDRESS	425 79TH STREET, SOUTH	43 STREET ADDRESS	7963 Ninth Avenue South
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPP, LORENE H.	52 NAME	
STREET ADDRESS	216 23RD AVENUE N.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Dean W. Jerger **4/25/97 (813) 546-8911**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)