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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V27287

WINSTON HILLS, INC.

(4)

Principal Place of Business Mailing Address 2326 CONGRESS AVE 8 2326 CONGRESS AVE S WEST PALM BEACH FL 33406-761 WEST PALM BEACH FL 33406 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1992 09/26/1996 Mailing Address 491 SE 2. Principal Place of Busine 4. FEI Number Applied For 491 SE 164h HVENUE 65-0322563 HJENUE Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 9 & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Tompano Added to Fees This corporation has liability for intangible tax under s. 199.032, 3060 Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Augress of Current Registered Agent 81 Name CONROY, COLIN 491 SE 16TH AVENUE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 **B4** City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature: Typed or ponted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition PSTD DELETE 1.1 TITLE TILLE CONROY, COLIN 12 NAME NAME 2326 S CONGRESS AVE #2F 1.3 STREET ADDRESS STREET ADDRESS W PALM BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP C(1Y - S1 - 7)P DELETE ☐ Change Addition 3.1 TITLE THLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TOTAL 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZiP DELETE ☐ Change Addition 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STEEL LADDRESS 5.4 CITY - ST-7IP CHY-ST-7P DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

14. If 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 eath; that I am an officer or director of the perpendicular 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 on an attachment with an address

6.3 STREE1 ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

001Y-81-20P

11-12-13-13

954(941-2317

FILED

May 06 1997 8:00am

Secretary of State