

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000019998 (2)**

1. Corporation Name
WINDEKIND OF FLORIDA, INC.



Principal Place of Business: **902 SHAGOS DR. APOLLO BEACH FL 33752 US**
Mailing Address: **902 SHAGOS DRIVE APOLLO BEACH FL 33572 US**

3. Date Incorporated or Qualified: **03/10/1993**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-3175695**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
**PYLE, TERRENC E
707 DEL WEBB BLVD.
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BINARD, JOSEPH E	
STREET ADDRESS	902 SHAGOS DR.	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BINARD, MAIRE Y	
STREET ADDRESS	902 SHAGOS DR	
CITY-ST-ZIP	APPOLO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BINARD, SALLY Y	
STREET ADDRESS	902 SHAGOS DR	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WAVELL, GRETCHEN B	
STREET ADDRESS	902 SHAGOS DR	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HP Patricia Ann Binard
5.3 STREET ADDRESS	585 Eyre Rd
5.4 CITY-ST-ZIP	Earlysville Va. 22936
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE: _____ DATE: **20 April 96** 8136455435

CR2E034 (12/95)