

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 # **679386** (3)

1. Corporation Name
W.W. WINDLE COMPANY



Principal Place of Business: **528 PALM WAY C/O W. W. WINDLE GULF STREAM FL 33483 US**
Mailing Address: **528 PALM WAY C/O W. W. WINDLE GULF STREAM FL 33483 US**

3. Date Incorporated or Qualified: **07/08/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 801 PALM TRAIL	26 801 PALM TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 8	27 8
City & State	City & State
23 DELRAY BEACH	28 DELRAY BEACH
Zip Country	Zip Country
24 33483 PALM	29 33483 PALM

4. FEI Number: **04-1978430**
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WINSTONE W. WINDLE		81 Name	
528 PALM WAY		82 Street Address (P.O. Box Number is Not Acceptable)	
801 PALM TRAIL		83	
8		84 City	FL
DELRAY BEACH, FL		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) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE, WINSTONE W	1. 2 NAME	
STREET ADDRESS	528 PALM WAY	1. 3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL	1. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE, MARY BETH	2. 2 NAME	
STREET ADDRESS	528 PALM WAY	2. 3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL	2. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address.

SIGNATURE: **Winstone W. Windle** **WINSTONE W. WINDLE** 4/25/96 407-278-8622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)