

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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT #** **P96000009928**

1. Corporation Name

**WINDHAMERE CONSTRUCTION INC.**

Principal Place of Business

Mailing Address

**2302 BANCROFT BLVD**

**ORLANDO FL 32833**

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**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

**Asweem Bacchus**

Signature typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

**5/12/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DIRECTOR** ☒ DELETE  
NAME **EMMAN BACCHUS**  
STREET ADDRESS **2302 BANCROFT BLVD** **32833**  
CITY-ST-ZIP **ORL FL**

TITLE **ACCMAN DIRECTOR** ☒ DELETE  
NAME **ACCMAN BACCHUS**  
STREET ADDRESS **2302 BANCROFT BLVD**  
CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **DIRECTOR** ☒ DELETE  
NAME **FIROOL MP HA MAMAD**  
STREET ADDRESS **848 GAS LIGHT QUAIL**  
CITY-ST-ZIP **WATER PARK, FL 32792**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
1.2 NAME **ASWEEM BACCHUS**  
1.3 STREET ADDRESS **2302 BANCROFT BLVD.**  
1.4 CITY-ST-ZIP **ORLANDO FL 32833**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:**

**Asweem Bacchus**

Signature typed or printed name of signing officer or director

**5/23/97 (407) 568-7425**

Date

Daytime Phone #

CR2E034 (9/96)