## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

<b>TRADEWINDS</b>	BY	THE	SEA,	INC.
HINDEIMICO	о.			

Principal Place of Business Mailing Address  3350 E ATLANTIC BLVD 3350 E ATLANTIC BLVD										<b>                                    </b>	
STE 309 POMPANO BEACH FI. 33062		STE 309 POMPANO BEACH FL 33062		3.	The Election Figure 2 and a second				te of Last Report 10/23/1995		
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number 59-2003419			-	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status De	sired			Additional Required
Oity & State		City & State					Election Campaign Finance Trust Fund Contribution	n		Adde	May Be d to Fees
Zip	Country	Zipi	Cou	ntry		8.	This corporation has lia	ability for in	tangible ] Yes	tax under s.	. 199.032,
24	25	29	30				Florida Statutes  Name and Address of				·
	9. Name and Address of Current	negisterea Agent		81	Name	10.	TAINE BIN MUNICOS		3.0.0.0		
CUADA	ANI MANE			82		Address (P	O. Box Number is Not	Acceptable	e)		
3350 E	an, Jane Atlantic BLVD			83	Circeri						
SUITE 3										1.5 2	
' POMPA	NO BEACH FL 33062			84	City				F	L 85 Zi	ip Code
<ul> <li>or register</li> </ul>	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section Structure, tyled or partial hard of resident legal to the section of the sec	a. Such change was aumonz on 617.0503, Florida Statutes	ea by the c	оогр	CHAUCH S	poard or di	rectors Thereby tecop	or the purp t the appo	oose of continent		registered office diagent. I am
12.	Of FICERS AND		13.	- Angles	I September 1		ADDITIONS CHANGE	s lo offi	CERS A	ND DIRECTO	ORS IN 12
TITLE	D .	DELETE	111	IILF		D	0.1			Change	Addition
NAME	GÊNEVA BYSH\ '\		12 N	AM?		LARR	y Clemma	L'AL	<b>)</b> #	312	
STREET ADDRESS	2029 N. QCEAN BLVD. #301		135	TREET	T ADDRESS	202	y Clemma N. Ocean	, ,,,,,,	! =	33305	_
CITY-ST-ZIP	FT. LAUDERDALE FL.		140	HTY - 9	ST-ZIP	Ft.	Lauderdal	e., r	<u> </u>	Change	Addition
TITLE	PĎ	DELETE	211							☐ Cuange	☐ Addition
NAME	HUNTINGTON, PETER		221		F + PD 0 ( 0.0						
STREET ADDRESS	2029 N. OCEAN BLVD A-305		1		T ADDRESS	ļ					
CITY-ST-ZiP	FT LAUDERDALE FL	DELETE	317		ST · ZiP	<del>                                     </del>				☐ Change	☐ Addition
TITLE NAME	STD Ferrer, Shan		321								
STREET ADDRESS	2029 N. OCEAN BLVD. #510		335	STRSE	I ADORESS						
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4	CITY-	SI - ZIP						
TITLE	VP D	DELETE	4 1 1	TIFLE						Change	☐ Addition
NAME	LAZARIDIS, DEBRA			NAME			#6161616	is nor	<u></u>	en em em	
STREET ADDRESS	2029 N OCEAN BLVD. #309		ľ		T ACORESS		<b>701000</b> 0 03/26/9	<b>ំ</b> រឺ សំព	}{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1.14	
CITY - ST - ZIP	FT LAUDERDALE FL	DELETE		OUTY : THLE	ST-ZIP		***61.25			Change	: Addition
TITLE	<b>₹</b> D	Поетец		HILE NAME						<b></b>	_
NAME SERVER ADDRESS	MCELMEEL, JOYCE		1		ET ADDRESS						
STREET ADDRESS	2029 N. OCEAN BLVD #306 FT. LAUDERDALE FL				ST-7IP						
CITY-ST-ZIP	FI. DAVUENUALE FL	DELETE		IIILE			1.0			Change	Addition
NAME			6.2	NAME							

64CITY-ST-ZP 14. If do hereby certify that the information supplied with this fling 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR
AS PRESIDENT

1-30-96 954-566-709

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