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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

145093

(1)

THE TRADE WINDS MOTOR COMPANY											
Principal Place	of Business	Má	ailing Address					04 1111 61611 6	.esti 41811 618		1
1805 CROWN WAY P.O. BOX 7126 ORLANDO FL 32804			1806 CROWN WAY P.O. BOX 7126 ORLANDO FL 32804				Date Incorporated or Qualified				
							12/01/1945		05/31/19) 95	
2. Principal Place of Business			2a. Mailing Address				4. Ft.I Number Applied For				
21]			Suite Apt. #, etc.				59-0881669 Not Applicable				8
Suite, Apt. #, etc.		27	Stiffe, Apr. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be			
23							Trust Fund Contribution	Added to Fees			
Zip Country			Zip Country				8. This corporation has liability for intangible tax under s 199,032,				
24 25		29	[30]				Florida Statutes Yes No 10, Name and Address of New Registered Agent				
	9. Name and Address of Curre	int Hegis	terea Agent		81	Name	10. Name and Address of New H	egisterea	Agent		
COLILA	AFTEC AL										
COULANTES,N 1805 CROWN WAY					82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	DO FL 32804				83						
On Er w	DO 1 L 0200 1				0.4	Ct			los I 7	n Codo	_
					84	City		FL	_ 85 Zip	p Code	
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	2 and 60 rida. Such stion 607.	7.1508, Florida Statut i change was authoriz 0505, Florida Statutes	es, the abo ed by the o	ove-r corp	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appr	pose of ch pintment as	anging its r registered	egistered offic Lagent. Lam	эе
SIGNATURE _	-			.,				r regus. n			_
12.	Signature, typed or printed name of registered age OFFICERS A					it signature recurr	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS ANI	3 DIBECTO)BS IN 12	- (S
TITLE	D	DELETE			ITLE		7,5511,513,51,41,43,51,51		Change	Addition	- 2
NAME	COULANTES,N	ANTES,N			AMÉ						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS	1805 CROWN WAY		1.3			ADDRESS					Ü
CITY - ST - ZIP	ORLANDO FL			1.4 OT							CR2F034 (12/95)
TITLE	STD	[] DELETE			ITLE				Change	Addition	
NAME	WHEELER, C.J.				AME						
STREET ADDRESS	1805 CROWN WAY					ADDRESS					
CITY-ST-ZIP	ORLANDO FL		Fin DELETT		. ***	31 - ZIP			Fil Chassa	Fil Addition	
TITLE			DEFETE	3 1 1					Change	Addition	
NAME				32 N		1 4DD0500					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.11		ST-ZIP			Change	Addition	
NAME			- Section	4.2 N					LJ change		
STREET ADDRESS						r Adoress				•	
CITY-ST-ZIP						ST-ZIP					
TITLE			DELETE.	5 1 1		21-211			Change	Addition	
NAME			· · · ·		5.2 NAME						
STREET ADDRESS				1		F ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			DELETE	6.1					Change	Addition	
NAME				621	LAME						
STREET ADDRESS						ADDRESS					
CITY-S1-ZIP						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 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 607, Florida Statutes, and that my name appears in Block 12 or block 13 if changed, or on an accorporation with an address.

SIGNATURE:

SIGNATURE:

Signature Statute of Signing Prices or Signing Officer or Director

Date

Date

Description