Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90053 049 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 145093

1. Corporation Name

	DE WINDS MOTOR COM	ANY			
Principal Place	e of Business	Mailing Address	····		B) 291 61611 21611 21511 21511 1551
1805 CROWN W		1805 CROWN WAY			
P.O. BOX 7126		P.O. BOX 7126 ORLANDO FL 32804		DO NOT WRITE IN THE	S SPACE
ORLANDO FL 32804 ORLANDO FL 32804			3. Date Incorporated or Qualifed	3017132	
				12/01/1945	į
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box 7126		59-0881669	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State 28 Orlando, Florida		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zin	Country	Zip Zip	Country	Trust Fund Contribution This corporation owes the current year Ir	
Zip	25	29 3 2 8 5 4 - 7 1 2 6 30	Country	Personal Property Tax.	Yes ONo
24	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
			81 Name		
	LANTES,N		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1805 CROWN WAY		OZ CHEST MAGN			
ORL	ANDO FL 32804		83		}
			84 City	FI	85 Zip Code
	_ 			oration submits this statement for the purpose of	
office or n	enistered agent or both in the State	oz and 607,1906, Florida Statutes, t e of Florida. Such change was autho ations of, Section 607.0505, Florida	inzed by the comoratio	on's board of directors. I hereby accept the appoint	ointment as registered
SIGNATURE		(ALOTE: Dog	stered Agent signature required	(when reinstating) DATE	
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIDECTORS IN 12
TITLE	D				IND DIRECTORS IN 12
NAME	COULANTES,N	☐ DELETE	1.1 TITLE	ABBITORIO SI PROGRETIO EL TIGETO	Change Addition
	0000 1111 20,11	□ DELETE	1.1 TITLE 1.2 NAME	NBBN ONG STRANGE TO STRANGE	
STREET ADDRESS	1805 CROWN WAY	. □ O€LETE		ASSITIONG/SHARGES TO STREET	
STREET ADDRESS CITY-ST-ZIP		□ OELETE	1.2 NAME	ADDITIONO DI MACESTICI CON MELLO	Change Addition
· ·	1805 CROWN WAY		1.2 NAME 1.3 STREET ADDRESS	ADDITIONO, DIRECTOR OF THE CONTROL O	
CITY-ST-ZIP	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J.	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONO, DIRECTOR OF THE CONTROL O	Change Addition
CITY-ST-ZIP	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J. 1805 CROWN WAY	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONO, DIRECTOR OF THE CONTROL O	Change Addition
CITY-ST-ZIP TITLE NAME	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J.	DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J. 1805 CROWN WAY	DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONOJONATORO TO OTROCE	Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J. 1805 CROWN WAY	DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONOJONIACIZO TO CONTROLLO	Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J. 1805 CROWN WAY	DELETE DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONO, STRUCTURE TO THE PARTY OF THE PAR	Change Addition Change Addition Change Addition Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J. 1805 CROWN WAY	DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1805 CROWN WAY ORLANDO FL STD WHEELER, C.J. 1805 CROWN WAY	DELETE DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition Change Addition Change Addition Change Addition Change Addition

CITY-ST-ZIP 14. I 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 chapter 607, or on an attacoment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE;

Q Njick Coulantes PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-841-4182