

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:33

DOCUMENT # 502500 (2)

1. Corporation Name
MISS TRADEWINDS, INC.

Principal Place of Business Mailing Address
176 GALLEON ROAD ISLAMORADA FL 33036-9513

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/05/1976** 3a. Date of Last Report **02/17/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1661498	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SPENS, THOMAS M.
176 GALLEON ROAD
ISLAMORADA FL 33036

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 agent 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

(Signature typed in printed name of registered agent and title of position)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENS, THOMAS M	1.2 NAME	
STREET ADDRESS	176 GALLEON ROAD	1.3 STREET ADDRESS	
CITY, ST, ZIP	ISLAMORADA, FL 33036	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCI, LINDA	2.2 NAME	
STREET ADDRESS	315 RIDGEMONT ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	GROSSE PT FRMS, MI 00000 48286	2.4 CITY, ST, ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENS, SALLY J	3.2 NAME	
STREET ADDRESS	176 GALLEON ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	ISLAMORADA, FL 33036	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMER, PATRICIA	4.2 NAME	
STREET ADDRESS	3512 PINKNEY RD RR #3	4.3 STREET ADDRESS	
CITY, ST, ZIP	LOWELL MI 49331	4.4 CITY, ST, ZIP	
TITLE		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		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(2)(b), Florida Statutes. I further certify that the information included 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 187, Florida Statutes, and that my name appears on Block 1, or Block 11 if changed, or on an attachment to this address.

SIGNATURE: *Sally Spens*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SALLY J. SPENS

1-9-95 305 852 3071