

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 502500 (2)

1. Corporation Name
MISS TRADEWINDS, INC.



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

3. Date Incorporated or Qualified: **05/05/1976**
3a. Date of Last Report: **01/17/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1661498**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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: *Thomas M Spens* **THOMAS M SPENS** DATE: **2/18/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPENS, THOMAS M	
STREET ADDRESS	176 GALLEON ROAD	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICCI, LINDA	
STREET ADDRESS	315 RIDGEMONT ROAD	
CITY-ST-ZIP	GROSSE PT FRMS, MI 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SPENS, SALLY J	
STREET ADDRESS	176 GALLEON ROAD	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAIMER, PATRICIA	
STREET ADDRESS	3512 PINKNEY RD RR #3	
CITY-ST-ZIP	LOWELL MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Thomas M Spens* **THOMAS M SPENS** DATE: **2/18/96**

CR2E034 (12/95)