

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90205 013 ***150.00

DOCUMENT # 518018

1. Corporation Name

WINDWARD ISLES SUPPLIERS, INC.

Principal Place of Business

3315 N.E. 15TH ST.
FT. LAUDERDALE FL 33304

Mailing Address

3315 N.E. 15TH ST.
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1976

4. FEI Number

59-1705933

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5601 N. POWERLINE RD

2a. Mailing Address

26 5601 N. POWERLINE RD

Suite, Apt. #, etc.

22 106

Suite, Apt. #, etc.

27 106

City & State

23 FT LAUDERDALE FL

City & State

28 FT LAUDERDALE FL

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

HOULE, ANNE
3315 N.E. 15TH ST.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

AMY HOULE CUMMING

82 Street Address (P.O. Box Number is Not Acceptable)

5601 N. POWERLINE RD

83

#106

84 City

FT LAUDERDALE FL

85 Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HOULE, ANNE
STREET ADDRESS 3315 N E 15TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE V ☒ DELETE

NAME HOULE, AMY
STREET ADDRESS 3315 N E 15TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition

1.2 NAME STEVE CHAMBERS

1.3 STREET ADDRESS 5601 N. POWERLINE ROAD #106

1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309

2.1 TITLE SEC/TREAS/DIRECTOR ☒ Change ☐ Addition

2.2 NAME AMY HOULE CUMMING

2.3 STREET ADDRESS 5601 N. POWERLINE RD #106

2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33309

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/99 9544910004

CR2E034 (11/98)