

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 # 521365 (7)
1. Corporation Name
WINSONG DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

1 FL. PK. DR. S.
STE. 108
PALM COAST FL 32137
US

1 FLORIDA PARK DRIVE SOUTH
SUITE 108
PALM COAST FL 32137-3801
US

3. Date Incorporated or Qualified 12/30/1976	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1716319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 SUITE 107 - Not 108
23 City & State

26 Suite, Apt. #, etc.
27 SUITE 107 - Not 108
28 City & State

24 Zip
25 Country

29 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VESTEY, SYDNEY S.
1 FL. PK. DR. SOUTH, STE. 108 Suite 107
PALM COAST FL 32137

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VESTEY, SYDNEY S. ST	address
STREET ADDRESS	702 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VESTEY, SONYA	address
STREET ADDRESS	702 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SYDNEY S. Vestey Jr	
STREET ADDRESS	101 Live Oak Dr	
CITY-ST-ZIP	Daytona Beach, Fla.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PO Box 298-4190Z 4902 Sandcastle Circle
1.4 CITY-ST-ZIP	St. Augustine, Fla 32085 St Augustine, Fla
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PO Box 298 4902 Sandcastle Circle
2.4 CITY-ST-ZIP	St. Augustine, Fla 32085 St Augustine, Fla
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	900001810988
5.4 CITY-ST-ZIP	-05/07/96--01024--027
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
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: Sydney Vestey SYDNEY S. VESTEY 4-4-96 904-418985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)