

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

FILED  
Feb 06 1996 8:00 am  
Secretary of State

DOCUMENT # 537772 (6)

1. Corporation Name  
WESTWIND INTERNATIONAL, INC.



Principal Place of Business  
195 RIFLE RANGE RD  
BARTOW FL 33830  
US

Mailing Address  
195 N RIFLE RANGE RD  
BARTOW FL 33830  
US

3. Date Incorporated or Qualified  
06/23/1977

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1751977

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

CAMPANO, EUSEBIO L.  
1000 WESTWIND WAY  
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name  
E. LUIS CAMPANO

82 Street Address (P.O. Box Number is Not Acceptable)  
1000 WESTWIND WAY

83

84 City  
BARTOW

85 Zip Code  
FL 33830

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 of 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  
*E. Luis Campano*

E. Luis Campano

1-16-96

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PD  
JERUE, JOHN J  
1000 WESTWIND WAY  
BARTOW FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

SVD  
JERUE, JEFFREY  
1000 WESTWIND WAY  
BARTOW FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

SVD  
CAMPANO, E. LUIS  
1000 WESTWIND WAY  
BARTOW FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
JERUE, MURRIEL  
1000 WESTWIND WAY  
BARTOW FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
JERUE, LAURIE  
1000 WESTWIND WAY  
BARTOW FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *E. Luis Campano* E. Luis Campano

01-16-96

941-537-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)