FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 617871



Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-04-1999 90240 028 ***150.00

WINDSO	OR REALTY CORP.						
Principal Plac	e of Business	Mailing Address	 		1 100112 01181 11011 10181 10111 40001 1101 010	.E 010 EN 010 EN 0 E	841 01314 1881 •
2040 N.E. 163RD STREET 2040 N.E. 163RD STREET N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					04/18/1979		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	_ 	lied For
21 26					59-1902357	\$8.75 A	Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Rec	
City & State		City & State			6. Election Campaign Financing	\$5.00	·
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes 〔	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name			
SERNS, DAVID R			82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
2040 N.E. 163RD STREET #302							
IN. N	MIAMI BEACH FL 33162			83			
				84 City		85 Zip C	ode
					oration submits this statement for the purpose	_ 1 1	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wa	as authorized	i by the corporation	on's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (1	IOTE: Registered	Agent signature required	d when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TI	πE	•	Change	☐ Addition
NAME	SERNS, DAVID R		1.2 N	AME			
STREET ADDRESS	2040 N.E. 163RD STREET 133		TREET ADDRESS] [
CITY-ST-ZIP			TY-ST-ZIP				
TITLE	1	☐ DELETE 2.1		TLE		☐ Change	Addition 4
NAME		22.0		AME			
STREET ADDRESS			2.3 S	TREET ADDRESS			
CITY-ST-ZIP		FI on err		ITY-ST-ZIP		Change	Addition
TITLE	1	☐ DÉLETE				∟ Griange	(1,000,000)
NAME			3.2 N				
STREET ADDRESS	1			TREET ADDRESS			[
CITY-ST-ZIP		☐ DELETE		ITY-ST-ZIP		☐ Change	Addition
TITLE	İ		4.21				
NAME				TREET ADDRESS			
STREET ADDRESS	8		1	ITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE				☐ Change	Addition
NAME		56011	5.2 N			_ •	
STREET ADDRESS				TREET ADDRESS	•		
CITY-ST-ZIP			5.4 C	TY-ST-ZIP			
TITLE		DELETE				Change	Addition
NAME			6.2 N	AME			1
STREET ADDRESS			6.3 S	TREET ADORESS			{
	1		1	I			

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 attachagent with an address, with all other like empowered.

SIGNATURE: __

dsem?