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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

628169 **DOCUMENT #** 

SOUTHWIND REALTY, INC.

(5)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Principal Place of Business Mailing Adviress					T 100310 Ettin 11001 idiol alden olila rain diali allet allet aldet allet allet allet allet allet allet allet		
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DAKE WORTH	rt 33400	DIKE HORITI TE SAK			3. Date Incorporated or Qualified 06/29/1979	3a. Date of 10/0	Last Report 5/1995
2. Principal Pla	ace of Business	2a. Mailing Address	28. Mailing Address		4. FEI Number	.1.,	Applied For
21		26	26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc		5. Certificate of Status Desired	_	8.75 Additional	
22		27					Fee Required
Crty & State		Oity & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Zip	Country	<b>28</b>	Coun	h <sub>t</sub> v	8. This corporation has liability for i	ntanochie tax u	
24	25	29	30	,	Florida Statutes  Yes		
E**	9. Name and Address of Cu		1991		10. Name and Address of New R	egistered Age	ent
			1	B1 Name			
RAY, GARY L				82 Street Address (P.O. Box Number is Not Acceptable)			
18 SOUTH "J" STREET LAKE WORTH FL 33460							
			[+	83			
			-	84 City			85 Zip Code
				,	ration submits this statement for the pur	<u> </u>	
SIGNATURE _		AND DIRECTORS	13.	Apoli Syrut to tell pro	ADDITIONS/CHANGES TO OFF		
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NAME	ray, gary l		1,2 NAI	W.	Ray, Gary, L.		
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NAME			62NA				
STREET ACCRESS				REEL ADORESS			

14. I do hereby certify that the information supplied with this filing is vocuntarily 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 supplicionental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an attachment with an address.

SIGNATURE:

PHILITE NAME OF SIGNING OFFICER OR DIRECTOR Y

CR2E034 (12/95)