SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691519

14. I do hereby certify that the information su information Indicated on this a muel report I am an officer or director of the corporation appears in Block 12 or Block 13 if or man (3)

TRADEWINDS DEVELOPMENT CORP.

FILED Sep 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							/#11 #1#10 #1#1	1 81811 81911 1	3 0 1 0 r 9
902 CLINT MO	DORE RD.		902 CLINT MOORE RD. SUITE 124 BOCA RATON FL 33487						
SUITE 124 BOCA RATON	I FL 33487					DO NOT WRITE IN THIS SPACE			
			- 40 15.			3. Date Incorporated or Qualified	3a. Da	ite of Last	Report
						06/23/1981	08	/16/199)6
2. Principal Pl	ace of Business	2a. Mailing Addre	ess			4. FEI Number		 	Applied For
21		26			59-2522384	Not Applicable \$8.75 Additional			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		4 - -	Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.0	0 May Be	
23		28			Trust Fund Contribution			d to Fees	
Zip Country		Zip	Zip Country			8. This corporation owes or has p		_ ′	_ ·
24	25	29	30	,		Personal Property Tax due Jun			∐ No
	9. Name and Address of Cur	rent Registered Agent		_		10. Name and Address of New R	egistered /	Agent	
	ORTON, MICHAEL			81	Name				
902 CLINT MOORE RD				82 Street Address (P.O. Box Number is Not Acceptable)			ble)		
	ITE 124								
ВО	CA RATON FL 33487			83					
				84	City		FL	85 Zip	p Code
		V 00 1 007 4500 51	- 64-4 4 45			orporation submits this statement for the		l L	to societored
agent, Lar	m familiar with, and accept the ob-	digations of, Section 607.0	0505, Florida Sta	tutes	S.	reation's board of directors. I hereby acce	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	PD	☐ DE	LETE 1.1 TI	ITLE				L Change	e L Addition
NAME	MORTON, MICHAEL		1.2 N	AME					
STREET ADDRESS	902 CLINT MOORE RD., #	124			ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487				ST - 21P			☐ Change	e Addition
TITLE		☐ DE						Unange	3 L Padotton
NAME			22 N						
STREET ADDRESS					ADDRESS	. •			
CITY-ST-ZIP		□ DE			ST-ZIP			Change	e Addition
NAME			3.2 N		1				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DE						☐ Change	e Addition
NAME			4.21	MANE					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				ITY-S	S1 - ZIP				
TITLE		□ DE	LETE 5.11	ITLE				Change	e L Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP			T1	
TITLE		DE	-, I					L Change	e 🔲 Addition
NAME		// //	6.2 N						
STREET ADDRESS			6.3 \$	TREET	ADDRESS				

6.4 CITY-ST-ZIP

fling does not qualify for the exemption stated in Section 1/9.07(3)(i), Florida Statutes. I further certify that the fial annual report is trup and accurate and that my signature shall have the same legal effect as if made under oath; that we optrusted empowered to execute this report as required by chapter 607, Florida Statutes; and that my name