

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751441 (7)
1. Corporation Name
TRADEWINDS BY THE SEA, INC.



Principal Place of Business Mailing Address
**3350 E ATLANTIC BLVD
STE 309
POMPANO BEACH FL 33062** **3350 E ATLANTIC BLVD
STE 309
POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/10/1980 **10/23/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For / Not Applicable
59-2003419

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPMAN, JANE
3350 E ATLANTIC BLVD
SUITE 309
POMPANO BEACH FL 33062**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENEVA BUSH	
STREET ADDRESS	2029 N. OCEAN BLVD. #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	HUNTINGTON, PETER	
STREET ADDRESS	2029 N. OCEAN BLVD A-305	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FERRER, SHAN	
STREET ADDRESS	2029 N. OCEAN BLVD. #510	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP D	<input type="checkbox"/> DELETE
NAME	LAZARIDIS, DEBRA	
STREET ADDRESS	2029 N OCEAN BLVD. #309	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	M D	<input type="checkbox"/> DELETE
NAME	MCELMEEL, JOYCE	
STREET ADDRESS	2029 N. OCEAN BLVD #306	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	LARRY CLEMMONS	
13. STREET ADDRESS	2029 N. Ocean Blvd # 312	
14. CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

000001750327
03/26/96-01033-614
\$\$\$61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **PETER G. HUNTINGTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AS PRESIDENT

1-30-96 954-566-709
DATE Captain's Phone #

CR2E037 (12/95)