

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

**FILED**

**Apr 23 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
1. Corporation Name **F93000004292**

**LEEWARD SOUND CORPORATION**

Principal Place of Business Mailing Address  
**c/o GUDRUN NICKEL**  
**350 5th AVENUE, SOUTH, Suite 200**  
**NAPLES, FLORIDA 33940**

3. Date Incorporated or Qualified **9/22/93** 3a. Date of Last Report **5/2/96**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 <b>6371-4 Presidential Ct.</b>	<b>98-0132408</b>	<input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 City & State	28 <b>Fort Myers, Florida</b>	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip	29 <b>33919</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**NICKEL, GUDRUN**  
**350 5th AVENUE SOUTH, SUITE 200**  
**NAPLES, FLORIDA 33940**

**10. Name and Address of New Registered Agent**

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

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, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LUDWIG, GERTRUND</b>	1.2 NAME	
1.3 STREET ADDRESS	<b>350 5th AVE., SO., Suite 200</b>	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ADLER, EMMA</b>	2.2 NAME	
2.3 STREET ADDRESS	<b>350 5th Ave., So., Suite 200</b>	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**900002154409**  
**-04/25/97--01004--029**  
**\*\*\*165.00**

14. I do 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 attachment with an address.

**SIGNATURE:** *Gertrund Ludwig* **Gertrund Ludwig**

**4/21/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

CR2E034 (9/96)