

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004292 (9)**

1. Corporation Name

LEEWARD SOUND CORPORATION



Principal Place of Business C/O ROBERT SAMONCE 2375 TAMiami TRAIL N. SUITE 308 NAPLES FL 34103	Mailing Address C/O ROBERT SAMONCE 2375 TAMiami TRAIL N. SUITE 308 NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Robert Samonce, Esq.		2a. Mailing Address 26 C/O Robert Samonce, Esq.		3. Date Incorporated or Qualified 09/22/1993	
Suite Swalm & Murrell, P.A.		Suite, Apt. #, etc.		4. FEI Number 98-0132408	
22 2375 Tamiami Trail N. Suite 308		27 2375 Tamiami Trail N. Suite 308		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Naples, FL		City & State 28 Naples FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 34103	Country 25 USA	Zip 29 34103	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SAMONCE, ROBERT C
SWALM & MURRELL P.A.
2375 TAMiami TRAIL N. SUITE 308
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name Samonce, Robert C.
82 Street Address (P.O. Box Number is Not Acceptable) Swalm & Murrell P.A.
83 2375 Tamiami Trail N. Suite 308
84 City Naples
85 Zip Code FL 34103

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUDWIG, GERTRUND		1.2 NAME	
STREET ADDRESS 350 5TH AVE. SOUTH, SUITE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33942		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADLER, EMMA		2.2 NAME	
STREET ADDRESS 350 5TH AVE. SOUTH, SUITE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33942		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE:

[Signature]

4/29/98 "Samonce"

CR2E034 (10/97)