

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006699 (2)

1. Corporation Name

THE WESTWIND MANAGEMENT COMPANY



Principal Place of Business

Mailing Address

980 N. FEDERAL HWY.
SUITE 401
BOCA RATON FL 33431

980 N. FEDERAL HWY.
SUITE 401
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/30/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

83-0308262

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

BAILEY, TOM
980 N. FEDERAL HWY.
SUITE 401
BOCA RATON FL 33431

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
980 N. FEDERAL HWY.

83

SUITE 442

84

City
BOCA RATON

FL

85

Zip Code
33431

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 then applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS STRAUSS, MICHAEL
CITY - ST - ZIP 5355 MIRA SORENTO PL., #100
SAN DIEGO CA 92121

TITLE ☐ DELETE

NAME VS
STREET ADDRESS BIGGINS, LES
CITY - ST - ZIP 5355 MIRA SORENTO PL., #100
SAN DIEGO CA 92121

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 12555 HIGH BLUFF DR. #120
14 CITY - ST - ZIP SAN DIEGO CA 92130

2. 1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 12555 HIGH BLUFF DR. #120
24 CITY - ST - ZIP SAN DIEGO CA 92130

3. 1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)