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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006699

1. Corporation Name

THE WESTWIND MANAGEMENT COMPANY

Principal Place of Business

980 N. FEDERAL HWY.
STE 309
BOCA RATON FL 33431
US

Mailing Address

980 N. FEDERAL HWY.
STE 309
BOCA RATON FL 33431
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MARTIN, RICK
980 N. FEDERAL HWY.
SUITE 442
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1994

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City Tallahassee

FL 85 Zip Code
32301

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

Dolores Burton

Dolores Burton, Asst. Secretary

May 17, 1999

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
STRAUSS, MICHAEL
12555 HIGH BLUFF DRIVE SUITE 120
SAN DIEGO CA 92130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ONTRE, WILLIAM
12555 HIGH BLUFF DR #120
SAN DIEGO CA 92130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
FRIEDMAN, STEPHEN
12555 HIGH BLUFF DR #120
SAN DIEGO CA 92130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LABRECHE, STEPHEN O
12555 HIGH BLUFF DR, #120
SAN DIEGO CA 92130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[] Change [] Addition
4000002892364--3
-06/02/99 -01044--006
****150.00 ****150.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
CFO
BROOKS-GONYER, GEORGE
12555 HIGH BLUFF DR. #120
SAN DIEGO, CA (@!#)
VP & SECRETARY
[] Change [] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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, with all other like empowered.

SIGNATURE:

Stephen O. LaBrecche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (619) 481-3200
Date Day and Phone #

CR2E034 (11/98)