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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003962 (5)

WINDSPIRIT SAILING LTD., INC.

Mailing Address Principal Place of Business 188 E. 64TH STREET 188 E. 64TH STREET SUITE 2801 **SUITE 2801** DO NOT WRITE IN THIS SPACE NEW YORK NY 10021 NEW YORK NY 10021 3. Date Incorporated or Qualified <u>08/05/1996</u> 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 13-3871971 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEVIN, ALLEN J 3440 CONWAY BLVD., STE 1A Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33952 83 Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE PSTD 1.1 TITLE TITLE IIZUKA, KUMIKO 1.2 NAME NAME 188 E. 64TH STREET, STE 2801 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 44: 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELE**TE** 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE

Block 12 or Block 13 if changed, or on an attachment with an address. 1/1/100 (117) 7E8- C373 101 The Lo

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 suppliemental annual report is true and accurate and that my signature shall have the same tegal 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP