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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT #	J57526

(2)

WINDWARD ASSOCIATES, INC.

Principal Place of Business Mailing Address			- I HABIINIA BIDI UNIN IDBAK BININ IIDDA BINI DIANK BIDIN DIANK BIDIN DIANK BIDIN DIANK BIDIN KODK		
10332 NW 2ND COURT PLANTATION FL 33324		10392 NW 2ND COURT PLANTATION FL 33324-173	7		
				3. Date Incorporated or Qualified 02/13/1987	3a. Date of Last Report 04/22/1996
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
ਜ਼ ੇ 93 93 ਹ	V.Sample Rd	26 Same a	<i>ه' ک</i> "	59-2802801	Not Applicable
Suite, Apr. # 2 ₩ 204	, etc.	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 CURAL	Springs F1.	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
4 33065			30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	gistered Agent
office or re	b the provisions of Sections 607.05 gistered agent, or both, in the Sta i familiar with, and accept the obli	te of Florida. Such change was a	uthorized by the coroo	orporation submits this statement for the praction's board of directors. I hereby accep	FL 85 Zip Code urpose of changing its registered t the appointment as registered
S	Sphature: typed or printed name of registered a		Registered Agent signature re-		DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE	VALADO WALTED I	DELETE			Change M Addition
NAME	KNAPP, WALTER J. 10332 NW 2ND COURT		1.2 NAME	Robert Mabie	
STREET ADDRESS				1398 W Sample Rd.	
CITY-ST-ZIP	PLANTATION FL			Coral Springs F1 330	
HILE		☐ DELETE		ك ر 🕽	Change Addition
NAME				Francial A. KNAPP	
STREET ADORESS			4 (*)	ع ع د بن د دوده	
ATY - ST- ZIP			2. 4 CITY-ST-ZIP	Pantation 41 333	
THE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. If 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 arm 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 it changed, or an attachment with an address.

3.4. CITY-\$1-7IP

4.3 STREET ADDRESS 4.4 City+St-Zip

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CHY-SI-2P

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

C-TY-S1-7iP

CITY: ST-ZIE

NAME

TITLE NAME

TITLE NAME

ATONY AND TYPES ON MATERIAL NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

DELETE

4/7/97

FILED

Apr 11 1997 8:00am

Secretary of State

954.755-3037

Change

Change

Change

___ Addition

Addition

Addition