

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90038 024 ***150.00

DOCUMENT # K97544

1. Corporation Name

WINDHORSE ENTERPRISES, INC.

Principal Place of Business

500 S.E. 17TH ST.
FT. LAUDERDALE FL 33316
US

Mailing Address

500 S.E. 17TH ST.
FT. LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1989

4. FEI Number
65-0128029

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1820 NE Jensen Beach Blvd

22 Suite, Apt. #, etc. Suite 621

23 City & State Jensen Beach, FL

24 Zip 34957 25 Country Martin

2a. Mailing Address

26 1820 NE Jensen Beach Blvd

27 Suite, Apt. #, etc. Suite 621

28 City & State Jensen Beach, FL

29 Zip 34957 30 Country Martin

9. Name and Address of Current Registered Agent

DOOLEY, BRUCE R.
500 SE 17TH STREET
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

1820 NE Jensen Beach Blvd

83

Suite 621

84

City Jensen Beach

FL

85

Zip Code 34957

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)

1/11/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE D
NAME DOOLEY, BRUCE R.
STREET ADDRESS 1493 S.E. 17TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Dooley, Bruce R.
1.3 STREET ADDRESS 1556 S Ocean Lane
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0512793