

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L31796** (0)

1. Corporation Name
THE WINDSONG COMPANY



Principal Place of Business
**C/O WILLIAM D. HORVITZ
ONE E. BROWARD BLVD. #1101
FT. LAUDERDALE FL 33301**

Mailing Address
**C/O WILLIAM D. HORVITZ
ONE E. BROWARD BLVD. #1101
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified 11/27/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0203760	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PASTERNAK, MARSHALL R.
1221 BRICKELL AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 street address

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HORVITZ, WILLIAM D.	1.2 NAME	
STREET ADDRESS	1 EAST BROWARD BLVD.1101	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HORVITZ, DAVID W.	2.2 NAME	
STREET ADDRESS	1 E BROWARD BLVD #1101	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUKE, DOUGLAS	3.2 NAME	
STREET ADDRESS	1 E BROWARD BLVD #1101	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

CR2E034 (12/95)