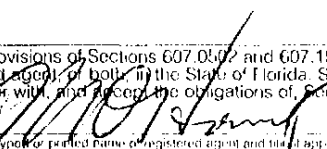
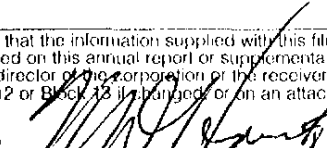


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33301-1842		
2. Principal Place of Business 21 Suite, LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301		2a. Mailing Address 26 Suite, LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301		3. Date Incorporated or Qualified 11/27/1989	
23 Zip 24		28 Zip 29		3a. Date of Last Report 03/07/1996	
25 Country		30 Country		4. FEI Number 65-0203760	
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 HORVITZ, WILLIAM D. 82 Street Address (P.O. Box) LAS OLAS CENTRE 83 450 EAST LAS OLAS BOULEVARD, #900 84 City FORT LAUDERDALE, FLORIDA 33301 85 Zip Code FL			
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  (NOTE: Registered Agent's signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME LAS OLAS CENTRE					
1.3 STREET ADDRESS 450 EAST LAS OLAS BOULEVARD, #900					
1.4 CITY - ST - ZIP FORT LAUDERDALE, FLORIDA 33301					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME LAS OLAS CENTRE					
2.3 STREET ADDRESS 450 EAST LAS OLAS BOULEVARD, #900					
2.4 CITY - ST - ZIP FORT LAUDERDALE, FLORIDA 33301					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME LAS OLAS CENTRE					
3.3 STREET ADDRESS 450 EAST LAS OLAS BOULEVARD, #900					
3.4 CITY - ST - ZIP FORT LAUDERDALE, FLORIDA 33301					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

14. I 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 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.

SIGNATURE: 

CR2E034 (9/96)