

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:59

DOCUMENT # **L40586** (4)

1. Corporation Name
CO-WYND, INC.

Principal Place of Business
**C/O THOMAS D. WRIGHT, ESQ.
SUITE 17, 5701 OVERSEAS HIGHWAY
MARATHON FL 33050**

Mailing Address
**C/O THOMAS D. WRIGHT, ESQ.
SUITE 17, 5701 OVERSEAS HIGHWAY
MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/08/1990** 3a. Date of Last Report **03/06/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0170534		Applied For	
21		26				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**WRIGHT, THOMAS D.
FIRST PROFESSIONAL CENTRE, SUITE 17
5701 OVERSEAS HIGHWAY
MARATHON FL 33050**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMATO, GEORGE	1 2 NAME	
STREET ADDRESS	1018 E.75TH ST., OCEAN	1 3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	1 4 CITY - ST - ZIP	
TITLE	VTD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMATO, JEAN	2 2 NAME	
STREET ADDRESS	1018 E.75TH ST., OCEAN	2 3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 if changed, or on attachment with an address.

SIGNATURE: Jean Amato VTD 3/21/95 305-743-0950
Signature and typed or printed name of business officer or director (Date) (Telephone)