## 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

**FILED** 

May 05 1997 8:00am

Secretary of State

DOCUMENT # L50440

(1)

WINDSOR CAPITAL CORPORATION

Principal Place of Business				Mailing Address								ICOLI GIBIL DIDIL	11011 (DDI
1111 N WESTSHORE # 216 TAMPA FL 33607				C/O PAUL SWEENEY 6803 SPANISH MOSS CIR TAMPA FL 33625-6515						· · · · · · · · · · · · · · · · · · ·		·	
US										3. Date Incorporated or Qualified 02/16/1990	1	ate of Last R <b>19/1996</b>	eport
2. Principal Place of Business				28. Mailing Address						4. FEI Number		<del> `</del>	oplied For
21				26					59-2992999			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt #, etc.					5. Certificate of Status Desired		· · ·	Additional equired	
City & State				City & State					6. Election Campaign Financing			May Be	
23				Zip Country					Trust Fund Contribution			to Fees	
Zip		Country			Zip	$\vdash$	untry			This corporation has liability for Florida Statutes		tax ⊎nder s M No	. 199.032,
24	9 Name	25 and Address	of Current F	29 egiste	red Agent	30	1			10. Name and Address of New R		<u> </u>	
CWE	ENEY, PAI		O Canana				81	Name	<u></u> .				
8803	CNCI, FAI CDANICH	MUSS UB							4 A al al a	(D.O. Davidsonia Med Assessed			
6603 SPANISH MOSS CIR Tampa Fl 33625					82 Street			t Addre	ss (P.O. Box Number is Not Accepta	DIO)			
173011	N 1 E 000						83						
							84	City				85 Zip	Code
							) [	<b>)</b>			FL	<b>.</b>     `	
11. Pursuant	to the provis	sions of Section	ns 607.0502 a	nd 600 Florida	7.1508, Florida Statu	ites, the a	above	e-name	d corpo	oration submits this statement for the on's board of directors. I hereby accepts	purpose o	of changing in pointment as	ts registered
agent. I a	m familiar w	ith, and accen	the obligation	ns of,	Section 80 .0505	orida St	lules	150	r	sing board of directors. Thereby adde	opt ino op	SOUTH THE THE	70g 0,0.00
SIGNATURE				7.	14063	NED	.,,	-7					
40	Signature, typer	d or printed name of	registered agent a ICERS AND E		<del></del>	Th: Register		ont signatu	ire require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	2S IN 12
12. TITLE	DP	Or F	ICI NO AND C	JINL C	DELETE		TITLE		T	ADDITIONS/GFIANGES TO OFF	OLITO AIT	Change	Addition
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CITY-ST-ZIP	TAMPA F						CITY-S						Ļ
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NAME		Y, LEDRA				2.2	NAME						
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CITY-ST-ZIP	TAMPA F	il .				2.4	CITY-S	\$1 - ZIP					
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NAME						3.2	NAME						
STREET ADDRESS						33	STREET	ADDRESS	3				
CITY-ST-ZIP								S1 - 719				<b>—</b>	T tare
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STREET ADORESS	1, t							I ADDRES	s				
GINCEI PROUNESS	1					1 00			1				

IONATURE: AND SWEETING IL 197 812-287-5600

14. I do hereby certify that the information supplied with this string 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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name