

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L96840** (8)  
1. Corporation Name  
**WINDE PARTNERS, INC.**



Principal Place of Business <b>603 MAIN STREET P.O. BOX 1100 WINDEMERE FL 34786-1100 US</b>	Mailing Address <b>603 MAIN STREET P.O. BOX 1100 WINDEMERE FL 34786-1100 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/30/1990</b>	
21		26		4. FEI Number <b>59-3052722</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DIZNEY, DONALD R. 603 MAIN STREET WINDEMERE FL 34786</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCS	<input type="checkbox"/> DELETE	1.1 TITLE	DCAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIZNEY, DONALD R.		1.2 NAME	DIZNEY, DONALD R.			
STREET ADDRESS	603 MAIN STREET		1.3 STREET ADDRESS	603 MAIN STREET			
CITY-ST-ZIP	WINDEMERE FL		1.4 CITY-ST-ZIP	WINDEMERE FL			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENGLISH, JAMES E		2.2 NAME				
STREET ADDRESS	603 MAIN STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	WINDEMERE FL		2.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARKMAN, KEVIN		3.2 NAME				
STREET ADDRESS	603 MAIN STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	WINDEMERE FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DELEHUNT, JANINE S.		4.2 NAME				
STREET ADDRESS	603 MAIN STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	WINDEMERE FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	DIZNEY, DAVID			
STREET ADDRESS			5.3 STREET ADDRESS	603 MAIN STREET			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	WINDEMERE FL			
TITLE		<input type="checkbox"/> DELETE	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 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.

CR2E034 (10/97)