AMENDED ANNUAL REPORT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 SEP 29 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M64841

1. Corporation Name
WINDSWEPT PINES, INC.

Principal Place of Business	Mailing Address
23 Shady Lane Tequesta, FL 33469	23 Shady Lane Tequesta, FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1988

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tequesta, FL	City & State 28 Tequesta, FL
Zip 24 33469	Zip 29 33469
Country 25 Palm Beach	Country 30 Palm Beach

4. FEI Number: 65-0028745 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Robert J. Gruber
4581 Windswept Pines Ct.
Tequesta, FL 33469

10. Name and Address of New Registered Agent

81 Name: Frederick C. Onorato
82 Street Address (P.O. Box Number is Not Acceptable): 23 Shady Lane
83
84 City: Tequesta FL 85 Zip Code: 33469

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: Frederick C. Onorato (President) 9/28/98
Signature, typed or printed name of officer, incorporator or director (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	Robert G. Gruber	1.2 NAME	Frederick C. Onorato
STREET ADDRESS	4581 Windswept Pines Ct.	1.3 STREET ADDRESS	23 Shady Lane
CITY-ST-ZIP	Tequesta, FL 33469	1.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	V ☒ DELETE	2.1 TITLE	STD ☐ Change ☒ Addition
NAME	Charles A. Lofquist	2.2 NAME	Frank A. Onorato
STREET ADDRESS	4600 Windswept Pines Ct.	2.3 STREET ADDRESS	23 Shady Lane
CITY-ST-ZIP	Tequesta, FL 33469	2.4 CITY-ST-ZIP	Tequesta, FL 33469
TITLE	TS ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Nancy J. Gruber	3.2 NAME	
STREET ADDRESS	4581 Windswept Pines Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tequesta, FL 33469	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	

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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.

SIGNATURE: Frederick C. Onorato, Pres. 9/28/98 561-747-0606