

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005487 (4)

1. Corporation Name

SECOND WIND, INC.



Principal Place of Business

Mailing Address

88 RIBERIA ST.
#300
ST AUGUSTINE FL 32084
US

88 RIBERIA ST.
#300
ST AUGUSTINE FL 32084
US

3. Date Incorporated or Qualified
11/29/1993

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

57-1022330

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUTCHINSON, ANN
7145 A1A S #24
ST AUGUSTINE FL 32086**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 617.0503, 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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
POLLACK, NED
581 6TH ST
ST AUGUSTINE FL 32084**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

400001865614

-06/18/96--01116--024

*****61.25**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
BARRINGER, ROBERT
25 DOLPHIN DR
ST AUGUSTINE FL 32084**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
HUTCHINSON, ANN
7145 A1A S #24
FT AUGUSTINE FL 32086**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARRIS, FRANCINA
144 GILBERT ST
ST AUGUSTINE FL 32095**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**D
BROWN, ROBERT
COASTAL HIGHWAY
ST. AUGUSTINE, FL 32095**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
SANTONI, TOM
116 MOORE ST
ST AUGUSTINE FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**D
TYMESON, DIANE
88 RIBERIA ST. STE. 300
ST. AUGUSTINE FL 32084**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann Hutchinson

Ann Hutchinson, Treasurer

4/18/96

904-829-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)