


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 09 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005487 (4)**  
 1. Corporation Name  
**SECOND WIND, INC.**



Principal Place of Business <b>88 RIBERIA ST. #300 ST AUGUSTINE FL 32084 US</b>	Mailing Address <b>88 RIBERIA ST. #300 ST AUGUSTINE FL 32084-3574 US</b>
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3. Date Incorporated or Qualified <b>11/29/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>57-1022330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

**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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>POLLACK, NED</b> <b>581 6TH ST</b> <b>ST AUGUSTINE FL 32084</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BARRINGER, ROBERT</b> <b>25 DOLPHIN DR</b> <b>ST AUGUSTINE FL 32084</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D/PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>HUTCHINSON, ANN</b> <b>7145 A1A S #24</b> <b>FT AUGUSTINE FL 32086</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, ROBERT</b> <b>COASTAL HIGHWAY</b> <b>ST AUGUSTINE FL 32095</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D/VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SANTONI, TOM</b> <b>118 MOORE ST</b> <b>ST AUGUSTINE FL</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TYMESON, DIANE</b> <b>88 RIBERIA ST., STE. 300</b> <b>ST. AUGUSTINE FL 32084</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D/SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

CR2E037 (9/96)