


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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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		Mailing Address	
88 RIBERIA ST. #300 ST AUGUSTINE FL 32084 US		88 RIBERIA ST. #300 ST AUGUSTINE FL 32084 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**11/29/1993**

4. FEI Number  
**57-1022330**

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**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

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**

**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	1.1 TITLE	1.2 NAME
DP	BARRINGER, ROBERT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
25 DOLPHIN DR	ST AUGUSTINE FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DT	HUTCHINSON, ANN	2.1 TITLE	2.2 NAME
7145 A1A S #24	FT AUGUSTINE FL 32086	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
DVP	BROWN, ROBERT	3.1 TITLE	3.2 NAME
COASTAL HIGHWAY	ST AUGUSTINE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
DS	TYMESON, DIANE	4.1 TITLE	4.2 NAME
88 RIBERIA ST., STE. 300	ST. AUGUSTINE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **ANN HUTCHINSON, TREASURER** 4/10/98 904-894-7242

CR2E037 (10/97)