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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90124 031 ***150.00

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DOCUMENT # P03644

1. Corporation Name
REGENCY WINDSOR CAPITAL, INC.

Principal Place of Business	Mailing Address
1025 FLAMEVINE LANE #1-5 VERO BCH. FL 32963	1025 FLAMEVINE LANE #1-5 VERO BCH. FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/09/1984

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 37-1140508 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMBERT, ROY H.
1025 FLAMEVINE LANE
SUITES 1-4
VERO BEACH FL 32963

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PURDIE, JOHN A		1.2 NAME		
STREET ADDRESS	8500 KEYSTONE CROSSING, STE 530		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46240		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIMPY, F RONALD		2.2 NAME		
STREET ADDRESS	1025 FLAMEVINE LN STE 3		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	CD	☐ Change ☒ Addition
NAME	MURRAY, ROBERT H		3.2 NAME	Lambert, Roy H.	
STREET ADDRESS	1025 FLAMEVINE LN STE 3		3.3 STREET ADDRESS	1025 Flamevine Lane	
CITY-ST-ZIP	VERO BEACH FL 32963		3.4. CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOHUIS, NEAL R.		4. 2 NAME		
STREET ADDRESS	1025 FLAMEVINE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, PHILIP A.		5.2 NAME		
STREET ADDRESS	1025 FLAMEVINE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, ROY H. JR.		6.2 NAME		
STREET ADDRESS	1025 FLAMEVINE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH. FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] NEAL R. LOHUIS, TREAS 4/28/99 (561) 231-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #