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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P34111

(5)

WINDERMERE HOLDINGS INCORPORATED

FILED Feb 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 227 ST. JAMES PARK OSPREY FL 34229 OSPREY FL 34229-9066				3. Date Incorporated or Qualified 3a. Date of Last Report					eport
						05/28/1991	05/0	1/1996	
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21		26				23-2492942			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat		City & State				6. Election Campaign Financing			1
23	e	28				Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Çou	ntry		8. This corporation has liability for	intangible t		
24	25	29	30] Yes □		
	9. Name and Address of Curre	ent Registered Agent			1	D. Name and Address of New Re	gistered A	gent	
CT (ORPORATION SYSTEM			81 Name	1				
1200 S. PINE ISLAND ROAD			ŀ	82 Street Address (P.O. Box Number is Not Acceptable			ole)		
PLANTATION FL 33324									
			ļ	83					
				84 City				85 Zip (Code
				- /		ation submits this statement for the	<u>FL</u>		
agent. I a SIGNATURE	am familiar with, and accept the obling familiar with, and accept the obling familiar with familiar with, and	igations of, Section 607.0505, F	iorida Stat	T by the corutes.		's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
1 TLE	CCEO YAW, ROBERT E II	☐ SECEIE	1.1 TI				L	Change	
NAME STREET LEBERGE	227 ST. JAMES PARK		1.2 N/	reft address					j
STREET ADDRESS	OSPREY FL			IY-SI-ZIP					1
CITY-ST-ZIP TILE	DT	DELETE	2.1 TC		+			Change	Addition
NAME	YAW, KATHARINE W H		2.2 NA				'		
STREET ADDRESS	227 ST. JAMES PARK			REET ADDRESS					
CITY-ST-ZIP	OSPREY FL			TY - ST - ZIP					
TITLE	S	DELETE	3.1 TI		1			Change	Addition
NAME	ROSSI, PATRICIA A		3.2 N	ME		•			
STREET ADDRESS	227 ST. JAMES PK		3.3 ST	REET ADDRESS					
CITY-ST-ZIP	OSPREY FL		3.4. C	1y - ST - ZIP					
TITLE	PD	DELETE	4.1 11	LE				Change	Addition
NAME	HUPHAGEL, ROLF-N		4. 2 N	AME					
STREET ADDRESS			4.3 S1	REET ADDRESS					
CITY-ST-ZIP	OGPREY FL		4.4 C)	TY-ST-ZIP					
THILE		DELETE	5.1 Ti	LE			ļ	Change	Addition
NAME			5 2 N/	ME					
STREET ADDRESS			5 3 51	reet address					
CHTY - ST - ZIP			5 4 CI	TY-ST-ZIP	 				
TITLE		☐ DELETE	61 TI	LE				Change	Addition
NAME			62 N/	ME					
STREET ADDRESS			6351	REET ADDRESS					
CITY-ST-ZIP			64 CI	TY - ST - ZIP		O-10-140 07/0/// Floride Cont.			

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the opening and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information evo information indicated on this annual report I am an officer or director of the corporation appears in Block 12 or Block 13 if change chment with an address.

Yaw II

2/14/97

941-966-7778