

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000036034 (5)**

1. Corporation Name

WRITTEN ON THE WIND, INC.



Principal Place of Business: **1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223**
Mailing Address: **1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223**

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

3. Date Incorporated or Qualified: **05/17/1993** 3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-3187405** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **ALFORD, F S JEROME 1819 PLANTATION OAKS DRIVE JACKSONVILLE FL 32223**

B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS: DELETE
 TITLE: **PTD**
 NAME: **ALFORD, F S JEROME**
 STREET ADDRESS: **1819 PLANTATION OAKS DRIVE**
 CITY, ST, ZIP: **JACKSONVILLE FL**
 TITLE: **VSD**
 NAME: **WILLIAMS, ROBERT STEPHEN**
 STREET ADDRESS: **1819 PLANTATION OAKS DRIVE**
 CITY, ST, ZIP: **JACKSONVILLE FL 32223**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: Change Addition
 11 TITLE: Change Addition
 12 NAME: Change Addition
 13 STREET ADDRESS: Change Addition
 14 CITY, ST, ZIP: Change Addition
 15 TITLE: Change Addition
 16 NAME: Change Addition
 17 STREET ADDRESS: Change Addition
 18 CITY, ST, ZIP: Change Addition
 19 TITLE: Change Addition
 20 NAME: Change Addition
 21 STREET ADDRESS: Change Addition
 22 CITY, ST, ZIP: Change Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I changed or on an attachment to an address.

SIGNATURE: *F S Jerome Alford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F S JEROME ALFORD

4/26/96 904-260-9776

CR2E034 (12/95)