
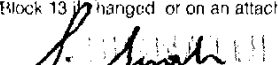


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000046944 (3) 1. Corporation Name WINDALE HOLDINGS, INC.					
Principal Place of Business 2457-A SOUTH HIAWASSEE ROAD SUITE 312 ORLANDO FL 32835			Mailing Address 2457-A SOUTH HIAWASSEE ROAD SUITE 312 ORLANDO FL 32818-3962		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 10/14/1996	
22 City & State		27 City & State		4. FEI Number 59-3141696	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SINSH, SAVTRI 2207 KETTLE DRIVE ORLANDO FL 32835				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SINGH, SAVTRI				12 NAME	
STREET ADDRESS 2207 KETTLE DRIVE				13 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32835				14 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SINGH, MOHAN				22 NAME	
STREET ADDRESS 2207 KETTLE DRIVE				23 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32835				24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME	
STREET ADDRESS				33 STREET ADDRESS	
CITY-ST-ZIP				34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME	
STREET ADDRESS				43 STREET ADDRESS	
CITY-ST-ZIP				44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY-ST-ZIP				54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY-ST-ZIP				64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.					
SIGNATURE:  SAVTRI SINGH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

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