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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000057041

Principal Place of Business

WYNDOVER PROPERTIES, INC.

13014 N DALE STE 336 TAMPA FL 336		13014 N DALE MABRY SUITE 336 TAMPA FL 33618			DO NOT WE	RITE IN THIS SPA	ACE	٠
US		US		ŀ	3. Date Incorporated or Qualifed			
				- 1	08/13/1993	_		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		I. An	plied For
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21	# -1-	26 Suite Ant 4 sta			65-0429258			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$		dditional
22		27					Fee Re	quired
City & Stat	te -	City & State			6. Election Campaign Financing	, \square	\$5.00	May Be
23		28	•	•	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rrent year Intangi	ble	
24	25	29	30		Personal Property Tax.	双	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New	Registered Age	nt	
			81	Name	•			
	DOWIN, JAMES W ESQ.		82	Charact Address	- (D.O. Bay Number in Not Asses	4-61-1		
******MAC	FARLANE AUSLEY FERGUSON	& MCMULLEN	62	Sireet Address	s (P.O. Box Number is Not Accept	itable)		•
111	E. MADISON STREET-SUITE 230	0 · •	83			W St. War and	2212 \$2"D	19 19 18 2
TAM	PA FL 33602		[-]			10、经过线阻制的	排納。	
		•	84	City	and the description of the training	8	5 Zip C	ode ^ ·
22,000 a 21 a 20	1.7	,				<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-i	named corpora	ation submits this statement for the	e purpose of char	nging its ent as rec	registered
Tat⊪agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes.	io corporation i	5 552/5 5/ 5// 5/(5/5/ / /// 5/55) dosc	эрг шо арролиш	,,,, GO 105	,
\$ 101								
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent s	signature required wh	hen reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	Registered Agent s	signature required wh	hen reinstating): ADDITIONS/CHANGES TO O		IRECTO	RS IN 12
				signature required wh		FFICERS AND D	IRECTO	RS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.	signature required wh		FFICERS AND D		(
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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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90045 008 ***150.00