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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000057366 (5)
1. Corporation Name
WINDIGO INVESTMENTS, INC.

Principal Place of Business: **440 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480**
Mailing Address: **440 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480**

2. Principal Place of Business: **21**
2a. Mailing Address: **28**
Suite, Apt. #, etc.: **22**
City & State: **27**
Zip: **24** Country: **25** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **08/16/1993** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **-APPLIED FOR 65-0436353** 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

9. Name and Address of Current Registered Agent
**CHOPIN, L. FRANK
CADWALADER WICKERSHAM & TAFT
440 ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480**

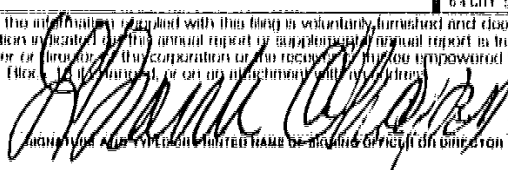
10. Name and Address of New Registered Agent
b1 Name: **Chopin, Miller, & Yudenfreund**
b2 Street Address (P.O. Box Number is Not Acceptable): **440 Royal Palm Way, Suite 200**
b3 City: **FL** b5 Zip Code: **33480**

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 must be printed name of registered agent and filed application) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOPIN, L. FRANK	1.2 NAME	
STREET ADDRESS	440 ROYAL PALM WAY #300	1.3 STREET ADDRESS	440 Royal Palm Way, Suite 200
CITY- ST- ZIP	PALM BEACH FL	1.4 CITY- ST- ZIP	Palm Beach, FL 33480
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or am receiving authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment thereto.

SIGNATURE:  **Frank Chopin** (407) 655-9500
(Signature must be printed name of holding officer or director)