

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/1/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:35
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P93000060433 (8)

1. Corporation Name
WINDSOR INVESTMENT NETWORK, INC.

Principal Place of Business Mailing Address
 2949 SE FARLEY RD 2949 SE FARLEY RD
 PT. ST. LUCIE FL 34952 PT. ST. LUCIE FL 34952
 US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/25/1993 **06/03/1994**

4. FBI Number Applied For
APPLIED FOR 65-050685 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 8243 South US 1 26 8243 South US 1
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
 City & State City & State
 23 Port Saint Lucie, Fl 28 8243 South US 1
 Zip Country Zip Country
 24 34952 25 St. Lucie 29 34952 30 St. Lucie

9. Name and Address of Current Registered Agent
GREENWALT, ALVIN E
2949 SE FARLEY RD
PT. ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 85 Zip Code
FL

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREENWALT, ALVIN E
STREET ADDRESS	2949 SE FARLEY RD
CITY - ST - ZIP	PT. ST. LUCIE FL
TITLE	*****
NAME	*****
STREET ADDRESS	*****
CITY - ST - ZIP	*****
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alvin E. Greenwalt	
1.3 STREET ADDRESS	2949 SE Farley Rd.	
1.4 CITY - ST - ZIP	Port Saint Lucie, Fl 34952	
2.1 TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond D. Morris	
2.3 STREET ADDRESS	6024 Indrio RD. #L-6	
2.4 CITY - ST - ZIP	Fort Pierce, Fl 34951	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 changed, or on an attachment with an address.

SIGNATURE: *Raymond D. Morris* Raymond D. Morris, Vice President 25 June 95 (407) 871-0400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date

CFR2E034 (3/95)