

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 26 1996 8:00 am
Secretary of State

DOCUMENT # P93000061349 (5)

1. Corporation Name

THE WESTWIND GROUP, INC.



Principal Place of Business

Mailing Address

980 NORTH FEDERAL HIGHWAY
STE. 401
BOCA RATON FL 33431

980 NORTH FEDERAL HIGHWAY
STE. 401
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21 980 N. Federal Hwy.
Suite, Apt. #, etc.

26 980 N. Federal Hwy.
Suite, Apt. #, etc.

22 Suite 442
City & State

27 Suite 442
City & State

23 Boca Raton, FL
Zip

28 Boca Raton, FL
Zip

24 33432

29 33432

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/30/1993

3a. Date of Last Report

01/31/1995

4. FEI Number

65-0432504

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

81 Name

Tom Bailey

82 Street Address (P.O. Box Number is Not Acceptable)

980 Federal Hwy.

83

Suite 442

84 City

Boca Raton,

FL

85 Zip Code

33432

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)

2/1/96

DATE

12. Tom Bailey OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STRAUSS, MICHAEL L.
STREET ADDRESS 250 SO OCEAN BLVD
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Strauss, Michael L.
1.3 STREET ADDRESS 12555 High Bluff Dr., Suite 120
1.4 CITY-ST-ZIP San Diego, CA 92130

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Biggins, Les E.
2.3 STREET ADDRESS 12555 High Bluff Drive, Suite 120
2.4 CITY-ST-ZIP San Diego, CA 92130

3.1 TITLE Asst. Secretary ☐ Change ☒ Addition

3.2 NAME Monroe, Dennis, c/o Krass Monroe
3.3 STREET ADDRESS 1650 W. 82nd St., Suite 1100
3.4 CITY-ST-ZIP Minneapolis, MN 55431

4.1 TITLE Asst. Secretary ☐ Change ☒ Addition

4.2 NAME Gibson, Richard, c/o Krass Monroe
4.3 STREET ADDRESS 1650 W. 82nd St., Suite 1100
4.4 CITY-ST-ZIP Minneapolis, MN 55431

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 changed, or on an attachment with an address.

SIGNATURE:

Les E. Biggins, Secretary

2/1/96

Date

(619) 481-3200

Daytime Phone #

CR2E034 (12/95)