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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| | MENT # P930000 STWIND GROUP, INC. | 061349 | | | Alifi siada Stila manan anti Shki |
|--|---|--|-------------------------------------|---|--|
| Principal Place | e of Business | Mailing Address | | a induinan ina sanan saksi dana dani dani dani dani dani dani dan | DITE INDER INSTRUCTOR CONTRACTOR |
| ATTN: STEPHEN O. LABRECHE 12555 HIGH BLUFF DR., SUITE 120 SAN DIEGO CA 92130 US | | ATTN: STEPHEN O. LABRECHE 12555 HIGH BLUFF DR., SUITE 120 SAN DIEGO CA 92130 US | | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified | SPACE |
| | | r x | | 08/30/1993 | |
| | | 2a. Mailing Address | | 4. FE! Number | Applied For |
| | | Suite, Apt #, etc | | 65-0432504 | Not Applicable |
| 22 | | F 1 | | 5. Certificate of Status Desired [] | \$8.75 Additional Fee Required |
| City & State | | City & State | | 5 Flootion Connection Languages | the second of |
| 23 | - | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year lo | |
| 24 | 25 | 29 3 | 0 | Personal Property Tax | []res []No |
| | 9. Name and Address of Current f | | [| 10. Name and Address of New Registered | Agent |
| 1200 PLAN | CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324 to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | 82 Street 120 83 City Ta1 | Address (P.O. Box Number is Not Acceptable) 1 Hays Street Lahassee Lorporation submits this statement for the purpose of | 85 Zip Code 32301 changing its registered |
| office or n agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligatio | Florida. Such change was aut ns of, Section 607.0505, Ftoric | horized by the corp la flatutes. | poration's board of directors. Thereby accept the appoi | ntmi nt as registered |
| SIGNATURE | Dolores Burton, As Signature typed or printed name of registered agent a | st. Secretary od little Papplicable (NOTE: R | egistered Agent signature | UBUUT 5-17 required who is remotation DATE | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | the state of the s |
| TITLE | CEO | □ DELETE | 11 TITLE | | [Change [] Addition |
| STREET ADDRESS | STRAUSS, MICHAEL L 12555 HIGH BLUFF DR STE 120 | | 12 NAME 13 STREET ADDRESS | 200002893 -06/02/936 | 01044008 |
| CITY-ST-ZIP TITLE | SAN DIEGO CA 92130 P | E) DELETE | 14 CITY-ST-ZiP 21 TITLE | ****1201.00 | ★米米150.00 Change [" Add tion |
| NAME | OSTRIE, WILLIAM S | L., Deter | 2.2 NAME | | E change Elithorion |
| STREET ADDRESS | 12555 HIGH BLUFF DRIVE STE 1 | 20 | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN DIEGO CA 92130 | LU | 2 4 CiTY-ST-ZiF' | | i |
| TITLE | CFOT | M DELETE | 31 TITLE | CFO | [Addition |
| NAME | FRIEDMAN, STEPHEN | - 10 | 3.2 NAME | BROOKS-GONYER, GEORGE | .V |
| STREET ADDRESS | 12555 HIGH BLUFF DR, SUITE 13 | 20 | 33 STREET ADDRESS | • | 100 |
| CITY-ST-ZIP | SAN DIEGO CA 92130 | • | 34 CITY-ST-ZIP | 12555 HIGH BLUFF DR, SUITE SAN DIEGO, CA 92130 | 120 |
| TITLE | S | ☐ DELETE | 4 I TITLE | VP, Director & Secretary | Change (x) Addition |
| NAME | LABRECHE, STEPHEN O | | 4 2 NAME | vi, birector & secretary | |
| STREET ADDRESS | 12555 HIGH BLUFF DR, SUITE 13 | 20 | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | SAN DIEGO CA 92130 | | 4.4 CHTY-ST-ZIP | | |
| TITLE | | [] DELETE | 51 TITLE | Director | [Change [x Addition |
| NAME | | | 5.2 NAME | BILOTTA, FRANK J. | |
| STREET ADDRESS | | | 53 STREET ADDRESS | TWO WALL STREET | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | NEW YORK, NY 10005 | |
| TITLE | | [] DELETE | 6 1 TITLE | | [Change [Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

64 CITY-ST-ZIP 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 or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under o ath, 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, er on an attachment with an address, with all other like empowered

SIGNATURE

0. LaBradne 4/15/99 (619)481-3200