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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061349

1. Corporation Name

THE WESTWIND GROUP, INC.

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81

Name

Corporation Service Company

82

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

1201 Hays Street

83

84

City

Tallahassee

FL

85

Zip Code

32301

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 Dolores Burton, Asst. Secretary

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

5-17-99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEO

STRAUSS, MICHAEL L

12555 HIGH BLUFF DR STE 120

SAN DIEGO CA 92130

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

OSTRIE, WILLIAM S

12555 HIGH BLUFF DRIVE STE 120

SAN DIEGO CA 92130

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CFOT

FRIEDMAN, STEPHEN

12555 HIGH BLUFF DR, SUITE 120

SAN DIEGO CA 92130

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

LABRECHE, STEPHEN O

12555 HIGH BLUFF DR, SUITE 120

SAN DIEGO CA 92130

TITLE

NAME

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