

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000008039 (7)

1. Corporation Name  
WINDOVER OF COCOA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 N. STARCREST DRIVE SUITE 202 CLEARWATER FL 34625		Mailing Address 100 N. STARCREST DRIVE SUITE 202 CLEARWATER FL 34625		3. Date Incorporated or Qualified 02/01/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3220188	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SMOUT, LES 100 N. STARCREST DRIVE SUITE 202 CLEARWATER FL 34625				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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	SMOUT, LES	1.2 NAME	
STREET ADDRESS	100 N. STARCREST DR., STE. 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	KIRSHENBAUM, MALCOLM R	2.2 NAME	
STREET ADDRESS	402 HIGH POINT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	DIDOMENICO, PATRICK E	3.2 NAME	
STREET ADDRESS	402 HIGH POINT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	LYNDA VINCENT	4.2 NAME	
STREET ADDRESS	402 HIGH POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 SMOUT 1-8-98

CR2E034 (10/97)