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

PROFIT CORPORATION ANNUAL REPORT 1999

LADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90085 002 ***150.00

OCUMENT # P94000008794

THE WINDSOR MANAGEMENT GROUP, INC.

Place	a of Business	Mailing Address			
RED CED	AR LANE	2055 RED CEDAR LANE			
	FL 34623	CLEABWATER FL 34623		DO NOT W	RITE IN THIS SPACE
				3. Date Incorporated or Qualife	
				01/26/1994	
	In a f Duelo	2a. Mailing Address		4, FEI Number	Applied For
	lace of Business			ا م	Not Applicable
1600 1		26 2600 Philipp	Church	Kil 59-3222500	
Suite, Apt.	#, etc. / /	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
-		27			
City & Stat	e	City & State	11 111	6. Election Campaign Financin	· 11
lomp	Kinsuille Ky	28 Tomp Kins VI	HE KY	Trust Fund Contribution	Added to Fees
Zip 🖊	Country	Zip /	Country	8. This corporation owes the c	
47/		29 42/67 30	USA	Personal Property Tax.	√os □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of Nev	w Registered Agent
0P=	10 ANOLIAE		81 Name	Greig Michae	
	IG, MICHAEL		82 Stree	Address (P.O. Box Number is Not Acce	ptable)
	5 RED CEDAR LANE		25	19 Mc Mullen Bo	wth Kol
CLE	ARWATER FL 34623		83	4	
			21 2	7 510-215	los 7:- Codo
			84 City	lance of Lance	FL 85 Zip Code 33766
Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-name	corporation submits this statement for t	he purpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	norized by the corp	poration's board of directors. I hereby ac	cept the appointment as registered
agent. I a	m familiar with, and accept the obligat	tions at, Section 607.0505, Florida	a Statutes.		1.5/08
TUDE	Muchan	() presy			13/7/
	Signature, typed or printed name of registered agen	ID DIRECTORS (NOTE, Re		required when reinstating)	OFFICERS AND DIRECTORS IN 12
. —	,	DELETE	13. 1.1 TITLE	PVP 5	Change Addition
	PVP	- October		a ic Michael	
	GREIG, MICHAEL		1.2 NAME	10 M 1/8	Bouth Rul
LADDRESS			1.3 STREET ADDRESS	7519 1721 411211	
ST ZIP	CLEARWATER FL.		1.4 CITY-ST-ZIP	det 510-215 F1	3376/
-	S	J S DELETE	2.1 TITLE		☐ Change ☐ Addition
	GREIG, JOAN		2.2 NAME		
(ACORESE	2055 RED CEDAR LANE		2.3 STREET ADDRESS	5)	
ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP		
		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
_			3.2 NAME		-
· LAIKIRESS			3.3 STREET ADDRESS		
_			3.4. CITY-ST-ZIP		
st zip		☐ DELETE	4,1 TITLE		- Change Addition
	}				
			4 2 NAME		
- I ADDRESS		!	4.3 STREET ADDRESS	5	
ST ZIP			4.4 CITY-ST-ZIP		
	[☐ OELETE	5.1 TITLE		Change Addition
-			52 NAME		
TADDRESS			5.3 STREET ADDRESS	3	
ST-ZIP			5.4 CITY-ST-ZIP	_	
		☐ DELETE	6.1 TITLE		Change Addition
-			6.2 NAME		
-			6.2 NAME 6.3 STREET ADDRESS	5	i

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, with all other like empowered.