

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996-2396 B-0074-NC

DOCUMENT # P94000038014 (4)

1. Corporation Name

4403 TRADEWINDS, INC.



Principal Place of Business

Mailing Address

4403 WEST TRADEWINDS  
LAUDERDALE BY THE SEA FL 33308

4403 WEST TRADEWINDS  
LAUDERDALE BY THE SEA FL 33308

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

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0491505

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

HOFFMAN, JOANN  
4403 WEST TRADEWINDS AVE.  
LAUDERDALE BY THE SEA FL 33308

81 Name

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

83

84 City

FL

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 of type of person who is registered agent and to be signed by it.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP  
NAME: HOFFMAN, JOANN  
STREET ADDRESS: 4403 WEST TRADEWINDS  
CITY-STATE-ZIP: LAUDERDALE BY THE SEA FL 33308

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

S  
NAME: HOFFMAN, JULIA A  
STREET ADDRESS: 4403 WEST TRADEWINDS  
CITY-STATE-ZIP: LAUDERDALE BY THE SEA FL 33308

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME: HOFFMAN, JULIA A  
STREET ADDRESS: 4403 WEST TRADEWINDS  
CITY-STATE-ZIP: LAUDERDALE BY THE SEA FL 33308

☐ DELETE

3.1 TITLE  
3.2 NAME  
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3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME: HOFFMAN, JULIA A  
STREET ADDRESS: 4403 WEST TRADEWINDS  
CITY-STATE-ZIP: LAUDERDALE BY THE SEA FL 33308

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME: HOFFMAN, JULIA A  
STREET ADDRESS: 4403 WEST TRADEWINDS  
CITY-STATE-ZIP: LAUDERDALE BY THE SEA FL 33308

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

NAME: HOFFMAN, JULIA A  
STREET ADDRESS: 4403 WEST TRADEWINDS  
CITY-STATE-ZIP: LAUDERDALE BY THE SEA FL 33308

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-96

954-7722644

CR2E034 (12/95)