

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000048375 (7)**

1. Corporation Name
CORAL WINDS, INC.



Principal Place of Business 1515 UNIVERSITY DR. SUITE 113 CORAL SPRINGS FL 33071 US	Mailing Address 7411 BRIGANTINE LANE PARKLAND FL 33067-1685 US
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2. Principal Place of Business 21 7411 Brigantine Lane Suite, Apt. #, etc.	2a. Mailing Address 26 7411 Brigantine Lane Suite, Apt. #, etc.
22 City & State 23 Parkland, FL Zip 24 33067	27 City & State 28 Parkland, FL Zip 29 33067
Country 25 U.S.A.	Country 30 U.S.A.

3. Date Incorporated or Qualified 06/24/1994	3a. Date of Last Report 04/18/1996
4. FEI Number 65-0512913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DORO, HOLLY G
1515 UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name Holly G. Doro
82 Street Address (P.O. Box Number is Not Acceptable) 7411 Brigantine Lane
83
84 City Parkland
85 State FL
86 Zip Code 33067

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 **Holly G. Doro, Holly G. Doro** DATE **4/10/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MASSETT, JOYCE R
STREET ADDRESS	17755 GOUGAR ROAD
CITY - ST - ZIP	LOCKPORT IL 60441
TITLE	<input type="checkbox"/> DELETE
NAME	D MASSETT, CLAUDE L
STREET ADDRESS	17755 GOUGAR ROAD
CITY - ST - ZIP	LOCKPORT IL 60441
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: **Joyce R. Massett** **JOYCE R. MASSETT** **4/15/97** **815-723-8759**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)