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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000075634 (3)

1. Corporation Name:
WINDSOR PALMS CORPORATION

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE MIAMI FL 33133-5461	2601 S. BAYSHORE DRIVE MIAMI FL 33133-5417

3. Date Incorporated or Qualified	3a. Date of Last Report
10/12/1994	04/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0525938	☐ Applied For ☐ Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANGLEY, MARCIA H 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461	81 Name: JOel K. Goldman 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr 83 9th Floor 84 City Miami FL 85 Zip Code 33133

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 _____ *Joel Hm*   *Joel K. Goldman 4-11-97*

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: PD NAME: JEFFREY, THOMAS W STREET ADDRESS: 2601 S. BAYSHORE DRIVE CITY-ST-ZIP: MIAMI FL 33133-5461	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VSD Goldman, Joel K. 2601 S. Bayshore Dr Miami FL 33133 ☒ Change ☐ Addition
TITLE: VSD NAME: LANGLEY, MARCIA H STREET ADDRESS: 2601 S. BAYSHORE DRIVE CITY-ST-ZIP: MIAMI FL 33133-5461	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/AS Langley, Marcia H. 2601 S. Bayshore Dr Miami FL 33133 ☒ Change ☐ Addition
TITLE: VT NAME: FISCHER, JOHN H STREET ADDRESS: 2601 S. BAYSHORE DRIVE CITY-ST-ZIP: MIAMI FL 33133-5461	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/G/AS Carleton, Callis N. 2601 S. Bayshore Dr. Miami FL 33133 ☒ Change ☐ Addition
TITLE: VAS NAME: GOLDMAN, JOEL K. STREET ADDRESS: 2601 S. BAYSHORE DRIVE CITY-ST-ZIP: MIAMI FL 33133-5461	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: CARLETON, CALLIS N. STREET ADDRESS: 2601 S. BAYSHORE DRIVE CITY-ST-ZIP: MIAMI FL 33133-5461	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: WOODBURY, KIMBALL D STREET ADDRESS: 2601 S. BAYSHORE DRIVE CITY-ST-ZIP: MIAMI FL 33133-5461	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: _____ *Joel Hm*   *Joel K. Goldman 4-11-97*   305-859-4071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #