

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000002993 (0)**

1. Corporation Name

**WINDERMERE MANAGEMENT, INC.**



Principal Place of Business

2207 KETTLE DRIVE  
ORLANDO FL 32835

Mailing Address

2207 KETTLE DRIVE  
ORLANDO FL 32835

3. Date Incorporated or Qualified **01/09/1995** 3a. Date of Last Report

2. Principal Place of Business  
21 **1961 BRIDGESTONE DR** 2a. Mailing Address  
26 **1961 BRIDGESTONE DR**

Suite, Apt. #, etc.

22 City & State  
23 **ORLANDO, FL** 27 City & State  
28 **ORLANDO, FL**

24 Zip **32835** 25 Country **ORANGE** 29 Zip **32835** 30 Country **ORANGE**

4. FEI Number  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

g. Name and Address of Current Registered Agent

PRINGLE, WILLIAM B III  
7380 SAND LAKE ROAD  
SUITE 305  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name **SAVITRI SINGH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1961 BRIDGESTONE DR**  
83  
84 City **ORLANDO** FL 85 Zip Code **32835**

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 *Savitri Singh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SINGH, MOHAN</b>	
STREET ADDRESS	<b>2207 KETTLE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>VIJAI SINGH</b>	
1.3 STREET ADDRESS	<b>8013 BRIDGESTONE DR</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>	
2.1 TITLE	<b>SECRETARY / REG. AGENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SAVITRI SINGH</b>	
2.3 STREET ADDRESS	<b>1961 BRIDGESTONE DR</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>	
3.1 TITLE	<b>MANAGING DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MOHAN SINGH</b>	
3.3 STREET ADDRESS	<b>2207 KETTLE DRIVE</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32835</b>	
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	<b>600001804296</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>-05/02/96--01013--036</b>	
5.3 STREET ADDRESS	<b>***200.00</b>	
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 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 attachment with an address.

SIGNATURE: *Mohan Singh* **MOHAN SINGH** **Feb 14/96** **2207 KETTLE DR** **407-578-5542**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)