

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P9500002993
 1. Corporation Name
WINDERMERE MANAGEMENT INC.

59-3379198
 TALLAHASSEE, FLORIDA

Principal Place of Business 1644 IMPERIAL PALM DR. APOPKA FLORIDA 32712	Mailing Address 2457A SOUTH HIAWASSEE RD. PMB # 312 ORLANDO, 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1644 IMPERIAL PALM DR Suite, Apt. #, etc.	2a. Mailing Address 26 2457A SOUTH HIAWASSEE RD Suite, Apt. #, etc.	3. Date Incorporated or Qualified JANUARY 9, 1995	4. FEI Number 59-3379198	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 APOPKA FLORIDA	27 City & State 28 ORLANDO FLORIDA	5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 32712 25 USA	29 32835 30 USA			

9. Name and Address of Current Registered Agent SAVITRI SINGH 1644 IMPERIAL PALM DR. APOPKA FLORIDA 32712	10. Name and Address of New Registered Agent 81 Name SAVITRI SINGH 82 Street Address (P.O. Box Number is Not Acceptable) 1644 IMPERIAL PALM DRIVE 83 84 City APOPKA FL 85 Zip Code 32712
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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* **SAVITRI SINGH** DATE **June 19/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	NAME SAVITRI SINGH	11 TITLE	12 NAME
STREET ADDRESS 1644 IMPERIAL PALM DRIVE	CITY-ST-ZIP APOPKA FL 32712	13 STREET ADDRESS	14 CITY-ST-ZIP
TITLE SECRETARY	NAME SAVITRI SINGH	21 TITLE	22 NAME
STREET ADDRESS 1644 IMPERIAL PALM DR	CITY-ST-ZIP APOPKA 32712	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY-ST-ZIP	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY-ST-ZIP	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY-ST-ZIP	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY-ST-ZIP	63 STREET ADDRESS	64 CITY-ST-ZIP

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******158.75 ****158.75**

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14. 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.

SIGNATURE: *Savitri Singh* **SAVITRI SINGH** DATE **June 19/99** DAYTIME PHONE # **407-342-0094**

CR2E034 (11/98)