


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	
DOCUMENT # P95000002993 1. Corporation Name WINDERMERE MANAGEMENT INC.			
Principal Place of Business 1644 IMPERIAL PALM DR. APOPKA FLORIDA 32712		Mailing Address 2457A SOUTH HIAWASSEE RD. PMB # 312 ORLANDO, 32835	
2. Principal Place of Business 21 1644 IMPERIAL PALM DR. Suite, Apt. #, etc. 22 City & State 23 APOPKA FLORIDA Zip 24 32712		2a. Mailing Address 26 2457A SOUTH HIAWASSEE RD. Suite, Apt. #, etc. 27 PMB # 312 City & State 28 ORLANDO FLORIDA Zip 29 32835	
25 USA		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	
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 <i>Savitri Singh</i> SAVITRI SINGH DATE June 19/99			
12. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME SAVITRI SINGH STREET ADDRESS 1644 IMPERIAL PALM DRIVE CITY-ST-ZIP APOPKA FL 32712 TITLE SECRETARY NAME SAVITRI SINGH STREET ADDRESS 1644 IMPERIAL PALM DR CITY-ST-ZIP APOPKA 32712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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 June 19/99 407-342-0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)