FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000008635 (1)**

1. Corporation Name
WESTWIND INSURANCE SERVICES, INC.

Principal Place of Business
1000 WESTWIND WAY
BARTOW FL 33830

Mailing Address
1000 WESTWIND WAY
BARTOW FL 33830

2. Principal Place of Business — 21, 22, 23, 24, 25
2a. Mailing Address — 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report:
4. FEI Number: 59-3343168 [ ] 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

9. Name and Address of Current Registered Agent

CAMPANO, E L
1000 WESTWIND WAY
BARTOW FL 33830

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: [signature]

12. OFFICERS AND DIRECTORS

D
KIRCHEN, RICHARD F
3750 GUNN HIGHWAY STE. 3A
TAMPA FL 33624
[ ] DELETE

D
ALEJANDRO, BALDOMERO
1000 WESTWIND WAY
BARTOW FL 33830
[ ] DELETE

D
CAMPANO, E L
1000 WESTWIND WAY
BARTOW FL 33830
[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[X] Change [ ] Addition
D
DE ALEJANDRO, BALDOMERO
1000 WESTWIND WAY
BARTOW FL 33830

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I 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: [signature] E. Luis Campano 01-16-96 941-537-1234

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

CR2E034 (12/95)