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

0091166

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000035409**

1. Corporation Name
WINDCREST/YAGER LANE III, INC.

Principal Place of Business
950 N. ORLANDO AVENUE
SUITE 320
WINTER PARK FL 32789

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 _____
Suite, Apt. #, etc.
27 _____
City & State
28 _____
Zip 29 _____ Country 30 _____

3. Date Incorporated or Qualified
05/05/1995

4. FEI Number
59-3328414
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL.,INC.
390 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	PALMER, CHARLES B		12 NAME	
STREET ADDRESS	950 N. ORLANDO AVENUE, SUITE 320		13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		14 CITY-ST-ZIP	
TITLE	DSTV	[ ] DELETE	21 TITLE	[X] Change [ ] Addition
NAME	BOBINCHUCK, ROBERT M		22 NAME	
STREET ADDRESS	~~100 CONGRESS AVE SUITE 1010~~		23 STREET ADDRESS	98 SAN JACINTO BLVD, SUITE 710
CITY-ST-ZIP	AUSTIN TX 78701		24 CITY-ST-ZIP	
TITLE	VP	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	PERRONE, PRESTON		32 NAME	
STREET ADDRESS	950 N. ORLANDO AVE., SUITE 320		33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		34 CITY-ST-ZIP	
TITLE	VP	[X] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	DEYOE, RICK		42 NAME	
STREET ADDRESS	100 CONGRESS AVE., SUITE 1010		43 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

R000028594788--8
-04/30/99--01145--009
****158.75 ****158.75

CR2E034 (11/98)

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: _____ VICE PRESIDENT 4/23/99 407-628-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #