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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000037659 (6) DOCUMENT

WINDMAR INDUSTRIES, INC. Principal Place of Business Mailing Address 35 FISHING VILLAGE DRIVE 100 ANCHOR DRIVE KEY LARGO FL 33037 STE. 26 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0599999 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COFFIN. WINDSOR D. 29 S. HARBOR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition COFFIN, WINDSOR D. NAME 12 NAME 29 S. HARBOR DRIVE STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 of the receiver or trustel empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, of the receiver of the receive

URED

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

SIGNATURE:

STREET ADDFESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST- ZIP

TITLE

NAME

TITLE

NAME

1-27-98

Change

__ Change

Addition

Addition

FILED

Feb 06 1998 8:00am

Secretary of State