

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044817 (1)

1. Corporation Name

WINDMILL POINTE MANOR, INC.



Principal Place of Business

14025 NORTH DALE MABRY
TAMPA FL 33618

Mailing Address

14025 NORTH DALE MABRY
TAMPA FL 33618

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLATTNER, HUGO
14025 NORTH DALE MABRY
TAMPA FL 33618

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 of person who is authorized to file this statement

Signature of Registered Agent or authorized officer or director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President [] DELETE
NAME: Hugo Blattner
STREET ADDRESS: 14025 N. Dale Mabry
CITY-STATE-ZIP: Tampa, FL 33618
TITLE: V. President [] DELETE
NAME: D. Calderwood
STREET ADDRESS: 14025 N. Dale Mabry
CITY-STATE-ZIP: Tampa, FL 33618
TITLE: Secretary/Treasurer [] DELETE
NAME: Ed Blattner
STREET ADDRESS: 14025 N. Dale Mabry
CITY-STATE-ZIP: Tampa, FL 33618
TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-STATE-ZIP: []
TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-STATE-ZIP: []

1. TITLE: [] Change [] Addition
2. NAME: []
3. STREET ADDRESS: []
4. CITY-STATE-ZIP: []
5. TITLE: [] Change [] Addition
6. NAME: []
7. STREET ADDRESS: []
8. CITY-STATE-ZIP: []
9. TITLE: [] Change [] Addition
10. NAME: []
11. STREET ADDRESS: []
12. CITY-STATE-ZIP: []
13. TITLE: [] Change [] Addition
14. NAME: []
15. STREET ADDRESS: []
16. CITY-STATE-ZIP: []
17. TITLE: [] Change [] Addition
18. NAME: []
19. STREET ADDRESS: []
20. CITY-STATE-ZIP: []

14. I do 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 registered 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 an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund H. Blattner 1-15-96 (813) 960-7098

CR2E034 (12/95)