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 # P95000062766

WINDY CITY ENTERPRISES, INC.

GZZT N. WASHINGTON BLU

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State SAKASOTA

34243

CAROLLO, RICK J 6721C 33RD ST EAST SARASOTA FL 34243

Mailing Address

6721C 33RD ST EAST SARASOTA FL 34243

FILED Mar 31, 1999 8:00 am **Secretary of State**

03-31-1999 90054 047 ***158.75



AST 243	6721C 33RD ST EAST SARASOTA FL 34243 US	J	DO NOT WRITE IN THIS S	PACE
	•		3. Date Incorporated or Qualifed 08/11/1995	
e of Business N. WASHINGTON BLU	2a. Mailing Address 126 6227 N. WASHING	TON BLVD.	4. FEI Number 65-0607614	Applied For Not Applicable
etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee.Required
OTA, FLORIDA	City & State	ACISTO	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country USA		intry ひらみ きょ	7 Sissilant topolity toni	X(Yes □ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
LO, RICK J		81 Name MIC	HAEL TILTON	
33RD ST EAST		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
OTA FL 34243		83		
en en make in tradition		84 City	urasota FL	85 Zip Code 34234

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 ramiliar with, and accept the obligations of, Section our 0505, Profide Statutes.						
SIGNATURE	Signature, typed or printer fame of registered agent and title if applicable. (NOTE: Ri	row // P	ALES. 03/28/99 Boulied when reinstating) DAYE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP DELETE	1.1 TITLE	DP			
NAME	CAROLLO, SHARON L	1.2 NAME	CAROLLO, SHARON L			
STREET ADDRESS	8812 S AUSTIN	1.3 STREET ADDRESS	2901 26 STREET WEST			
CITY-ST-ZIP	OAK LAWN IL 60453	1.4 CITY-ST-ZIP	BRADENTON, FL 34205			
TITLE	DV DELETE	2.1 TITLE	Change Addition			
NAME	CAROLLO, JOSEPH W	2.2 NAME	CAROLLO, JOSEPH W			
STREET ADDRESS	8812 S AUSTIN	2.3 STREET ADDRESS	2901 26 STREET WEST			
CITY-ST-ZIP	OAK LAWN IL 60453	2. 4 CITY-ST-ZIP	BRADENTON, FL 34205			
TITLE	D DELETE	3.1 TITLE	DV ☐ Change Addition			
NAME	CAROLLÒ, RICK J	3.2 NAME	MICHAEL TILTON			
STREET ADDRESS	2901 26 STREET W	3.3 STREET ADDRESS	ZZ31 INDUSTICIAL BLVD.			
C/TY-ST-ZIP	BRADENTON FL 34205	3.4. CITY-ST-ZIP	SANASOTA FL 34234			
TITLE	S DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	CAROLLO, STACEY L	4. 2 NAME				
STREET ADDRESS	4676 33RD STREET EAST	4.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34203	4.4 CITY-ST-ZIP				
TITLE	V □ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME	CAROLLO, THOMAS J	5.2 NAME				
STREET ADDRESS	4676 33RD STREET EAST	5.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34203	5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	Change Addition			
NAME		6.2 NAME				
	838 2 × 43 × 43 × 43 × 4	6.3 STREET ADDRESS				

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 ghanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP