SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500065072 (7)

WINDBORNE ENTERPRISES, INC.

Principal Place of Business

823 WEST COUNTRYCLUB CIRCLE
FT. LAUDERDALE FL \$3317

Mailing Address

823 WEST COUNTRYCLUB CIRCLE
FT. LAUDERDALE FL \$3317

2a. Mailing Address

FILED Aug 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

08/23/1995

65-0615221

4. FEI Number

Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the current year Intangible
24	25 29		30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent	<u> </u>			10. Name and Address of New Registered Agent
MAF	RCH, JOHN E			81	Name	
823 WEST COUNTRYCLUB CIRCLE FT. LAUDERDALE FL 33317					2 Street Address (P.O. Box Number is Not Acceptable)	
				83		
				84	City	■ 85 Zip Code
				"	O.I.J	FL 185 ZIP COUR
office of agent. I	t to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such cha	ange was authorize	d by	the corporation	ration submits this statement for the purpose of ch angi ng its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	l and trie if applicable	(NOTE: Regist	ered A	gent skonsture requ	uired when reinstating) DATE
12.	OFFICERS AN		13.		p	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0			1.1 TITLE		Change Additio
NAME	MARCH, JOHN E			1.2 NAME		
STREET ADDRESS	DORESS 823 WEST COUNTRYCLUB CIRCLE			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33317		1.4 C	ITY-ST	-ZIP	1
TITLE			DELETE 2.1 T			Change Additio
NAME			2.2 N	AME		
STREET ADDRESS			2.3 \$	REET	ADDRESS	
CITY-ST-ZIP			2.4 C	TY-ST-	-ZIP	
TITLE			DELETE 3.1 T	TLE		Change Additio
NAME			3.2 N	AME		•
STREET ADDRESS			3.3 S	REET.	ADDRESS	
CITY-ST-ZIP			3.4 C	TY-ST-	ZIP	
TITLE			DELETE 4.1 TI	TLE		Change Additio
NAME			4.2 N	AME	1	- •
STREET ADDRESS			4.3 S	REET.	ADDRESS	
CITY-ST-ZIP			4.4 0	TY-ST-	ZIP	
TITLE			DELETE 5.1 T)	TLE		Change Additio
NAME			5.2 N	AME		• · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 S	REET	ADDRESS	
CITY-ST-ZIP			5.4 C	TY-ST-	ZIP	
TITLE			DELETE 6.1 TI	TLE		Change Additio
NAME			6.2 N	AME		_ • —
STREET ADDRESS			6.3 81	REET	ADDRESS	
CITY-ST-ZIP				TY-ST-		
indicated of an officer	on this an nual report or supplemental a	annual report is true seiver or trustee em	eand accurate and powered to execute	that i	my signature report as req	ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am juired by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE: 584-8668

CRZEU34 (5/