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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087579 (5)

WIND-TEC BUILDERS, INC.

Principal Place of Business

3705 QUAIL MEADOW DRIVE PALM CITY FL 34990 US		P. O. BOX 2438 Palm City Fl 34991-7438 Us			
				 Date incorporated or Qualified 11/15/1995 	3a. Date of Last Report 03/19/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0628942	Not Applicable
Suite, Apt.	#, 610	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	u.	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	, Zip	Country	8. This corporation has liability for i	
24	25	29	30		Yes No
5.: L	9. Name and Address of Curre		1901	10. Name and Address of New Re	~ —
AND	ERSON, WILLIAM D JR.		81 Name		
	SOUTH FEDERAL HIGHWAY		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	do)
	TE 103		Oz Sileet Ad	adress (F.O. box Number is Not Acceptab	iej
	ART FL 34994		83		
			94 ()		1-1 7 0-1-
			84 City		FL 85 Zip Code
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was	s authorized by the corpo	orporation submits this statement for the paration's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
agent Ha SIGNATURE	nī familiar vāth, and accept the oblig	gations of, Section 607.0505, I	Florida Statutes.		
	Signatury, typed uspartion and only sleed a		TE: Registered Agent signature re		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
10.E	PD	L_ DELETE	1,1 TITLE		Change Addition
NAME	STEIN, STANLEY		1.2 NAME		
STREEL ADDRESS	7590 ELM RIDGE DR		1.3 STREET ADDRESS		
CHY+\$1+ZP2	BOCA RATON FL		1.4 CITY - ST - ZIP		
THLE	SD	L DELETE	2 1 TITLE		Change Addition
NAME	SCIACCA, CARL		2.2 NAMÉ		
STREET ADDRESS	3705 QUAIL MEADOW DR		2.3 STREET ADDRESS		
CITY -ST - 7 P	PALM CITY FL		2 4 CITY-ST-ZIP		
1006		☐ DEFELE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STHEET ADORESS			3.3 STREET ADDRESS		
CI*Y-ST-7/P			3.4 CITY-S1-ZIP		
THLE		L_] DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7P			4.4 CITY - ST - ZIP		
THLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - \$1 - 739			5.4 CITY - ST - ZIP		
TIBLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
DEV-\$1-7.P			6.4 CITY - ST - ZIP		
14 I do heret	by certify that the information suppli	ed with this filing does not qua	alify for the exemption sta	ted in Section 119.07(3)(i). Florida Statutes	s. I further certify that the
informatio Lami ari of appears ii	in inoloated on this armost report or ficer or director dythe comporation on n Block 12 or Block, high changed	supplemental annual report is or the receiver or trustee empo or on an attachment with an a	s true and accurate and to owered to execute this rep ddress.	hat my signature shall have the same lega port as required by Chapter 607, Florida S	I effect as if made under oath; that tatutes; and that my name