

3-26-98 B3789 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096987 (9)

1. Corporation Name

WINDCREST/WESTVIEW II, INC.



Principal Place of Business 950 N ORLANDO AVE SUITE 320 WINTER PARK FL 32789	Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/26/1995 4. FEI Number 59-2212581 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

BC CORPORATE SERVICES OF CENTRAL FLORIDA
390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PALMER, CHARLES B	1.2 NAME	
STREET ADDRESS	950 N ORLANDO AVE SUITE 320	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	D/S/T/VP
NAME	BOBINCHUCK, ROBERT M	2.2 NAME	Robert M. Bobinchuck
STREET ADDRESS	100 CONGRESS AVE SUITE 1010	2.3 STREET ADDRESS	100 Congress Ave., Ste. 1010
CITY-ST-ZIP	AUSTIN TX 78701	2.4 CITY-ST-ZIP	Austin, TX 78701
TITLE	VP	3.1 TITLE	
NAME	JONES, CONSTANCE A	3.2 NAME	
STREET ADDRESS	950 N ORLANDO AVE., SUITE 320	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	Preston Perrone
STREET ADDRESS		4.3 STREET ADDRESS	950 N. Orlando Ave., Ste. 320
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 a 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 changed, or on an attachment with an address.

Preston Perrone Vice President

(407)628-4544

CR2E034 (10/97)