

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

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000018624 (2)

1. Corporation Name

TRADEWINDS PROFESSIONAL SERVICES, INC.



Principal Place of Business 103 NORTHWEST 6TH STREET OKEECHOBEE FL 34972	Mailing Address 103 NORTHWEST 6TH STREET OKEECHOBEE FL 34972-2512
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2. Principal Place of Business 21 127 NW 36th STREET Suite, Apt. #, etc. 22 City & State 23 OKEECHOBEE, FL Zip 24 34972		2a. Mailing Address 26 PO BOX 1385 Suite, Apt. #, etc. 27 OKEECHOBEE, FL City & State 28 OKEECHOBEE, FL Zip 29 34973		3. Date Incorporated or Qualified 02/28/1996		3a. Date of Last Report	
25 OKEE		30 OKEE		4. FEI Number 65-0651537		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BREAU, KENNETH A JR. 103 N.W. 6TH STREET OKEECHOBEE FL 34972				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 127 NW 36th STREET			
				83			
				84 City OKEECHOBEE FL			
				85 Zip Code 34972			

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 Kenneth A. Breau Jr. KENNETH A BREAU, JR 3-18-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREAU, KENNETH A JR.			1.2 NAME			
STREET ADDRESS	103 NORTHWEST 6TH STREET			1.3 STREET ADDRESS	127 NW 36th STREET		
CITY - ST - ZIP	OKEECHOBEE FL 34972			1.4 CITY - ST - ZIP	OKEECHOBEE FL 34972		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCKLEY, STEPHEN C			2.2 NAME			
STREET ADDRESS	517 HORIZON DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	KENANSVILLE FL 34739			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Kenneth A. Breau Jr. KENNETH A BREAU JR 3-18-97 941-763-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)