

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000025232 (5)**

1. Corporation Name

THE WESTWIND GROUP OF MIAMI, INC.

Principal Place of Business

**980 NORTH FEDERAL HIGHWAY
SUITE 442
BOCA RATON FL 33432**

Mailing Address

**980 NORTH FEDERAL HIGHWAY
SUITE 442
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

650653104

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BAILEY, JAMES T
980 NORTH FEDERAL HIGHWAY
SUITE 443
BOCA RATON FL 33432**

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

TITLE ☐ DELETE

**D
NAME STRAUSS, MICHAEL L
STREET ADDRESS 1255 HIGH BLUFF DRIVE, SUITE 120
CITY-ST-ZIP SAN DIEGO CA 92130**

TITLE ☐ DELETE

**T
NAME William S. Ostria
STREET ADDRESS 1255 High Bluff Drive, Suite 120
CITY-ST-ZIP San Diego, CA 92130**

TITLE ☐ DELETE

**T
NAME Stephen Friedman
STREET ADDRESS 1255 High Bluff Drive, Suite 120
CITY-ST-ZIP San Diego, CA 92130**

TITLE ☐ DELETE

**S
NAME Stephen O. LaBrecche
STREET ADDRESS 1255 High Bluff Drive, Suite 120
CITY-ST-ZIP San Diego, CA 92130**

TITLE ☐ DELETE

**T
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**T
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**D
Michael L. Strauss
12555 High Bluff Drive, Suite 120
San Diego, CA 92130**

☐ Change ☒ Addition

**P
William S. Ostria
12555 High Bluff Drive, Suite 120
San Diego, CA 92130**

☐ Change ☒ Addition

**T
Stephen Friedman
12555 High Bluff Drive, Suite 120
San Diego, CA 92130**

☐ Change ☒ Addition

**S
Stephen O. LaBrecche
12555 High Bluff Drive, Suite 120
San Diego, CA 92130**

☐ Change ☐ Addition

**51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP**

☐ Change ☐ Addition

**61. TITLE
62. NAME
63. STREET ADDRESS
64. 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 or changed, or on an attachment with an address.

CR2E034 (4/97)