

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000025232**

1. Corporation Name

THE WESTWIND GROUP OF MIAMI, INC.

Principal Place of Business

Mailing Address

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

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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90005 041 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

65-0653104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 1403

2a. Mailing Address

26 P.O. Box 1403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Loxahatchee, FL

City & State

28 Loxahatchee, FL

Zip

Country

24 33470

25

Zip

Country

29 33470

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 **D** ☐ DELETE
NAME **STRAUSS, MICHAEL L**
STREET ADDRESS **12555 HIGH BLUFF DR #120**
CITY-ST-ZIP **SAN DIEGO CA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **OSTRIE, WILLIAM S**
STREET ADDRESS **12555 HIGH BLUFF DR #120**
CITY-ST-ZIP **SAN DIEGO CA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **FRIEDMAN, STEPHEN**
STREET ADDRESS **12555 HIGH BLUFF DR #120**
CITY-ST-ZIP **SAN DIEGO CA**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **CFO**
3.3 STREET ADDRESS **George Brooks-Gonyer**
3.4 CITY-ST-ZIP **12555 High Bluff Drive #120**
San Diego, CA

TITLE **S** ☐ DELETE
NAME **LABRECHE, STEPHEN O**
STREET ADDRESS **12555 HIGH BLUFF DR #120**
CITY-ST-ZIP **SAN DIEGO FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **Stephen O. LaBrecht**
4.4 CITY-ST-ZIP **12555 High Bluff Drive #120**
San Diego, CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/99 (619) 481-3200

CR2E034 (5/99)