

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031613 (8)

1. Corporation Name

TRADEWINDS DESIGN AND CONSULTING, INC.



Principal Place of Business 8516 EVERGLADES PARK LANE BOCA RATON FL 33428	Mailing Address 8516 EVERGLADES PARK LANE BOCA RATON FL 33428-2937
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3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip
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24. Country	29. Country
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4. FEI Number 65-0663464	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
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9. Name and Address of Current Registered Agent

BROH-KAHN, LAWRENCE
9516 EVERGLADES PARK LANE
BOCA RATON FL 33428

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	PD	DELETE
NAME	BROH-KAHN, LAWRENCE	
STREET ADDRESS	9516 EVERGLADES PARK LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

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

6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

Date

Daytime Phone #

CR2E034 (9/96)