

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000031891 (0)

1. Corporation Name

TRADEWIND SUPPLY INC.

Principal Place of Business

3710 E INDUSTRIAL WAY  
RIVIERA BEACH FL 33404

Mailing Address

3710 E INDUSTRIAL WAY  
RIVIERA BEACH FL 33404-3404

2. Principal Place of Business

21 816 HAWTHORNE DR.

Suite, Apt. #, etc.

22

City & State

23 LAKE PARK, FL

Zip

Country

24 33403

25

26 816 HAWTHORNE DR.

28. Mailing Address

27 816 HAWTHORNE DR.

Suite, Apt. #, etc.

28

City & State

29 LAKE PARK, FL

Zip

Country

29 33403

30

31 Name and Address of Current Registered Agent

SINGH, CLARENCE  
816 HAWTHORNE DR  
LAKE PARK FL 33403

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLARENCE SINGH 816 HAWTHORNE DR. LAKE PARK, FL 33403
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CALMA SINGH 816 HAWTHORNE DR. LAKE PARK, FL 33403
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
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:

Clarence Singh

CLARENCE SINGH 15APR97 (561)845-1757

Date

Daytime Phone #

0297360

CF2E034 (9/96)