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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042079

1. Corporation Name

WINDSOR INVESTMENT CORPORATION

	<u> </u>							
Principal Place	e of Business	Mailing Address						
1844 N. BELCHER ROAD		1844 N. BELCHER ROAD						
#1017		#1017			DO NOT IMPITE I	L TINO ODAGE		
CLEARWATER FL 34625 CLEARWATER FL 34625					DO NOT WRITE II	N THIS SPACE		
						3. Date Incorporated or Qualifed 05/16/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26			,	59-3376751		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certifcate of Status Desired		Additional Required
City & State		City & State	··			6. Election Campaign Financing	\$5.0	O May Be
一	•	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Coun	trv		8. This corporation owes the current		
	25	├ ── ┐ .	30	,		Personal Property Tax.	year intarigible ☐ Yes	□No
24		29	[30]			10. Name and Address of New Regis		
	9. Name and Address of Current	Registered Agent		B1 1	Name	ID. Hame and Address of New Rogi.	attired Agent	
CEAL	.s n'signatures	•	'	٠ '	Maille	,	•	
			18	B2 S	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	22ND AVENUE NORTH							
	E 277		[8	83				Į.
ST. F	PETERSBURG FL 33710		-	_ _				
	• • • • • • •		1	84 (City		FL 85 Z	p Code
oπice or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Statut	by inc	e corporatio	on's board of directors. I hereby accept the	e appointment as	Togiotorou
SIGNATURE	Signature, based or printed name of engistered accept	and title if avalicable (NOT)	F: Registered A	nent sin	onature recuired	t when reinstating)	DATE	
	Signature, typed or printed name of registered agent			gent siç	gnature required		DATE ERS AND DIREC	TORS IN 12
12.	OFFICERS AND	D DIRECTORS	13.		gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
12. TILE	OFFICERS AND		13.	E	gnature required			
12. TITLE NAME	P ROSATI, GUY	D DIRECTORS	13. 1.1 TITU 12 NAM	E			RS AND DIREC	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

ROSATI