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 # P9600047651

FOUR WINDS TRADING, INC.

Principal Place of Business Mailing Address

558 DARKWOOD AVE

OCOEE FL 34761

US

Mailing Address

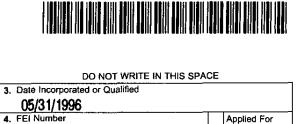
558 DARKWOOD AVE

OCOEE FL 34761

US

FILED Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90005 023 ***550.00



| 2. | 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
|---|---|-------|---------|------------|---------------------|---------------------|----------|--|---------|---|--|
| 21 | 21 | | | | | 26 | | | | 59-3386160 Not Applicable | |
| | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | \$8.75 Additional | |
| 22 | 1 | | | | 27 | | | | | 5. Certificate of Status Desired Fee Required | |
| | City & State | | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | 23 | | | | | 28 | | | | Trust Fund Contribution Added to Fees | |
| | Zip | | Country | ntry Zip C | | | Coun | Country 8. This corporation owes the current year | | | |
| 24 | | 2 | 5 | 2 | 9 | | 30 | | | Intangible Personal Property. Yes No | |
| 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | | | | 1 | 81 Name | | | |
| MCKONE, GUADALUPE | | | | | | | L. | Charles Address (D.O. Paul Municipalis Net Assertable) | | | |
| 558 DARKWOOD AVE | | | | | | | ľ | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| OCOEE FL 34761 | | | | | | 8 | | 83 | | | |
| | | | | | | |] | | | | |
| | | • | | | | | Ī | 84 | City | FL 85 Zip Code | |
| | | | | | | | | | | | |
| 11 | 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 | | | | | | | | | | 7 | |
| 12 | | | OFF | CERS AND D | REC | | 13. | _ | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| חוד | _ | | A | - | | DELETE | 1.1 TITL | | | Change Addition | |
| NAI | | | GUADALU | | | | 1.2 NAN | Æ | \ \ | | |
| STREET ADDRESS 558 DARKWOOD AVE | | | • | | 1.3 STREET ADDRESS | | | ADDRESS | | | |
| CIT | Y-ST-ZIP OC | OEE F | L | | | | 1.4 CITY | Y-ST- | -ZIP | | |
| TIT | LE | | | | | DELETE | 2.1 TITL | E. | | Change Addition | |
| NAI | ME | | | | | | 2.2 NAN | Æ | | | |
| STF | REET ADDRESS | | | | | | 2.3 STR | EET | ADORESS | | |
| СП | Y-ST-ZIP | | | | | وسنب ست | 2.4 CIT | Y-ST- | -ZIP | | |
| TIT | | | | | | DELETE | 3.1 TITE | .E | | Change Addition | |
| NAI | ME Ì | | | | | | 3.2 NAM | Æ | 1 | | |
| STE | REET ADDRESS | | | | | | 3.3 STR | EET. | ADDRESS | | |
| 1 | Y-ST-ZIP | | | | | | 3.4 CITY | | | | |
| TITI | | | | | | DELETE | 4.1 TITL | | | Change Addition | |
| NAI | | | | | | □ bcccic | 4.2 NAN | | } | Shalige Addition | |
| | REET ADDRESS | | | | | | | _ | ADDRESS | • | |
| } | | | | | | | 4.3 STR | | | | |
| TITI | Y-ST-ZIP | | | | | <u> </u> | 5.1 TITL | | ·Z1F | | |
| | | | | | | L DELETE | | | | Change Addition | |
| NAF | | | | | | | 5.2 NAN | _ | | | |
| { STR | EET ADDRESS | | | | | | 5.3 STR | EET, | 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_ DELETE

8/12/99 (407)654-6504

CR2E034 (5/

___ Addition