


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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048384 (7)**

1. Corporation Name
NORTHWIND INDUSTRIES, INC.

Principal Place of Business

**1181 SOUTH ROGERS CIRCLE
SUITE 31
BOCA RATON FL 33487-2727
US**

Mailing Address

**2065 NW 127 TERRACE
CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

65-0669641

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **2621 North Federal Highway**

22 **Boca Raton, FL**

23 **33431**

24

Country

USA

2a. Mailing Address

26 **2621 North Federal Hwy.**

27 **Boca Raton**

28 **FL**

29

Zip

33431

Country

USA

9. Name and Address of Current Registered Agent

**ADELINE, BRYAN S
2017 MAPLEWOOD DRIVE
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name

Joseph Pappacoda

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

400 Southeast 16th Street

83

Ft. Lauderdale FL 33301

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

Joseph J. Pappacoda

Joseph J. Pappacoda, RA 4/10/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MAXWELL, DAVID F**
STREET ADDRESS **2065 NW 127 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME **MAXWELL, PAUL D**
STREET ADDRESS **2065 NW 127 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Joseph J. Pappacoda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/98 (Sgt) 417-9665

Date

Daytime Phone #

6160723

CR2E034 (10/97)