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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069621 (6)

TRADEWINDS OF ORLANDO, INC.

Principal Place of Business Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



2003 VISCOU ORLANDO FL		2003 VISCOUNT ROW ORLANDO FL 32809			DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified  08/19/1996	PACE	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3399263	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	~~ <u>~</u>		5, Certificate of Status Desired	\$8.75 Additional	
22 Oitu 8 Stat	27				Fee Required		
City & Stat	e	City & State	ግ ້		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Country		8. This corporation owes or has paid the curr	<del></del>	
24	25	2930			Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent	
CLAY, DAWN M				Name		j	
420 W LANCASTER ROAD ORLANDO FL 32809			8	2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
			8	3			
			٦	"		j	
			8	1 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE	Signature: typod or printed name of registered age	nt and title if epplicable (NO)	E flegistered A	gent signature req	jured when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME				1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	WEST EN TO			ST-ZIP			
TITLE	HUGHES, DAVID		2.1 TITLE	- 1		☐ Change ☐ Addition	
NAME Street address			2.2 NAME 2.3 STREET ADDRESS		·		
				1			
CITY-ST-ZIP TITLE			2. 4 CITY 3.1 TITLE			Change Addition	
NAME	CLAY, DAWN M		3.2 NAME	. 1			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3 4. Cily			•	
TITLE	DELETE					Change Addition	
NAME			4. 2 NAM	E			
STREET ADDRESS	EET ADDRESS		4 3 STREE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	DRESS		5.2 NAME			ると	
STREET ADDRESS			5.3 STREE	T ADDRESS		5.1	
CITY-ST-ZIP			5.4 CITY-	ST-2IP		<del>13</del>	
TITLE	DELETE		6.1 TITLE	<u> </u>		Addition Addition	
NAME			6.2 NAME		###150,00		
STREET ADDRESS				T ADDRESS	**************************************		
CITY-ST-ZIP	portific that the information curplied up	th this files close not qualify t	6.4 CHTY-		in Section 119 07(3)(i) Florida Statutes I further cer	tify that the information	

Indicated on this annual report or suppliemental 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.

4/20/97 HAT BOB-4108