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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90111 046 \*\*\*150.00

1999

## DOCUMENT # P96000083736

WINDWA	ARD TRANSPORT, INCORF	PORATED							
Principal Place of Business Mailing Address							<b></b>		
3149 BAY ST P.O BOX 18101 SARASOTA FL 34237 SARASOTA FL 34276						DO NOT WRITE IN THIS SPACE			
U\$ U\$						3. Date noorporated or Qualifed			
						10/10/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21	26					65-0698830		Not Applicable	
Suite, /vpt. #, etc. Suite, Apt. #, etc.			_			5. Certificate of Status Desired	rtificate of Status Desired  Fee Requir		
22		27							
City & State City & State						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Co.	untry		8. This corporation owes the current year			1 003
24	25	29	30	•		Personal Property Tax.	Yes		XNo
	9. Name and Address of Curr					10. Name and Address of New Register	₂d Agent	:	<del></del>
				81	Name				
BRUSOE, MICHAEL K				82	Street Add	ress (P.O. Bok Number is Not Acceptable)			
3149 BAY ST				Jueer wad		ess (1.50. Dot Maribot is Not Accordance)			
SAR	ASOTA FL 34237			83		·			
				84	City		85	Zip C	ode
						oration submits this statement for the purpose	L   °°		<del></del>
SIGNATURE	Signature, typed or printed n ime of registered a	<u> </u>			signature recuire	d when reinstating DATE			
12.		OFFICERS AN ) DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRE		Addition
TITLE	SD Andrews, Madalyn S	A PELETE		1.1 TITLE				go	
NAME	AAAA GOLITHA GOLGAGOOD DIDGE DOAD		- 4	1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	SARASOTA FL	IDGE NOAD			Ī				
CITY-ST-ZIP	PD PD	□ DELETE	2 1 TI	ITY-ST	ZIP		Cha	ange .	Addition
TITLE NAME	BRUSOE, MICHAEL K		2.2 N					•	<del></del>
STREET ADDRESS	OLIO MAY OT				ADDRESS				
CITY-ST-ZIP		ARASOTA FL 34237		2. 4 CITY-ST-ZIP					
TITLE	DT			ITLE	<del>-</del> -		☐ Cha	ange	Addition
NAME	BRUSOE, CHARLENE		3.2 NAME						
STREET ADDRESS	OLIO DAY OT		335	TREET A	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34237		3.4. 0	CITY-ST-	ZIP				_
TITLE		☐ DELETE	4.1 TI	ITLE			Cha	ange	Additio
NAME			4. 2 N	NAME					
STREET ADDRESS		•	435	TREET A	ODRESS				
CITY-ST-ZIP				ITY-ST-	ZIP				
TITLE		☐ DELETE	5.1 ∏				☐ Cha	ange	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS )				
CITY-ST-ZIP_		□ per care	5.4 C	ITY-ST-	ZIP		Cha	anne	Addition
TITLE		☐ DELETE	6.1 H					2. 1gc	
NAME					ADDRESS				

14. I hereby certify that the informa ion 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 innual 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 in trustee impowered 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 or an affect pent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NICHA EL BRUSE 4/26/99

NTED NAME OF SIGNING OFFICE & OR DIRECTOR