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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000095651 (1)

1. Corporation Name FAIR WINDS GLOBAL TRADE CORP.  Principal Place of Business P.O. BOX 14627 NORTH PALM BEACH FL 33408  Mailing Address P.O. BOX 14627 NORTH PALM BEACH FL 33408			3408-0627		
				3. Date Incorporated or Qualified 3a. 11/22/1996	- Date of Last Report
2. Principal	Place of Business	2a. Mailing Address	·····	4. FEI Number	Applied For
Suite, Ap		Suite, Apt. #, etc.		65-071328	
22	n #, ex:	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State Cny & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zφ	Country	Zip	Country	8. This corporation has liability for intang	
24	25   9. Name and Address of Curre		30	Florida Statutes Yes  10. Name and Address of New Register	
	JFFY, GEORGE F	THE STATE OF THE S	81 Name		
907 MARINA DR., NO. 406 NORTH PALM BEACH FL 33408			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			62) Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		85 Zip Code
				poration submits this statement for the purporation's board of directors. I hereby accept the	<b>FL</b> ( ( )
agent. I SIGNATURE	am familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes. E. Registered Agent signature requ		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	President, CEO	. F DELETE	1.1 TITLE		Change Addition
NAME		, No 406	1.2 NAME		
STREET ADORESS	North Palm Bea	L FL 33408	1.3 STREET ADDRESS		
CHTY-S1-7#*	EXECUTIVE VICE!	PRESIDENT DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	DUFFY, PAULA 1 907 MARINA DR.	n.	2.2 NAME		
STREET ADDRESS	407 MARINA DR.	No 406	2.3 STREET ADDRESS		
CHY-ST-ZIP	NORTH PALM BEAR	ell 12 33408	2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 YITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	s		3.3 STREET ADDRESS		
CHY-S1-ZIP		T December	i 3.4. CITY-ST-ZIP	الما بروروسية بروروسية بروروسية بروروسية بروروسية بروروسية بروروسية بروروسية بروروسية المراوسية والمراوسية بروروسية	
Tritt		DELETE	4.1 TITLE		Change Addition
NAME Observations			4. 2 NAME		
STREET ADDRESS	\$		4.3 STREET ADDRESS		
CITY - ST - ZiP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		pre-1	5.2 NAME		C sounds C require
STREET ADDRESS	9		5.3 STREET ADDRESS		
CRY ST-ZIF	" <b>}</b>		5.4 CITY-ST-ZIP		
Tiftf		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		<u> </u>

14. I do 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 trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or plack 13 if changed, or on an attagrament with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

C-TY-S1-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

APR 8 97 5616242829

**FILED** 

Apr 14 1997 8:00am

Secretary of State