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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000015368 (8)

WINDWARD TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 28 1998 8:00am Secretary of State



128 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937		128 WINDWARD WAY INDIAN HARBOUR BEACH FL 32937		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/14/1997				
2. Principal Pl	2a. Mailing Address	iling Address		4. FEI Number	TA	pplied For		
	HIGHWAY AIA		1253 HIGHWAY AIA		59-3432582		lot Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State 23 SATEU	ITE BEACH, FLORIDA	City & State  28 SATELLITE BEACH FLORIOA  Zip Country			6. Election Campaign Financing Trust Fund Contribution			
Zip	Country							
24 <u>3293</u>		29 32937	30 4	A		_	! No	
	9. Name and Address of Current	Registered Agent	I Name	10. Name and Address of New Registered	Agent			
	CABE, RAPHAELA		["	Name				
128 WINDWARD WAY Indian Harbour Beach Fl. 32937			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
			83	1				
				1				
			84	City	FL	<b>85</b> Zip	Code	
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    Standard, typed or perited name of registered agent and table if pupilicable. (NOTE Registered Agent signature required when reinstating)  DATE								
12.				jeni signature re	at signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
NAME	MCCABE, RAPHAELA		1.2 NAME					
	REET ADDRESS 128 WINDWARD WAY		1.3 STREET ADDRESS					
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	32937	1.4 CITY-					
TITLE		DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE	DELETE		3.1 TITLE			Change	Addition	
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	AD CV		3.4. CITY-ST-ZIP			T-16:		
TITLE	☐ DELETE		4.1 TITLE			L Change	Addition Addition	
NAME			4. 2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE	DELETE			ST-ZIP	<del></del>	Change	☐ Addition	
NAME		OLUCIE	5.1 TITLE 5.2 NAME	}		Ondings	L ROSITION	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	61 TITLE	51-411	<del>-</del>	Change	Addition	
NAME			6.2 NAME	-				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			64 CITY-					
14. I hereby c	ertify that the information supplied with	this filing does not qualify fo	r the exemi	otion stated	in Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the	information	
Indicated of officer or of Block 12 of	on this annual report or supplemental director of the corporation or the receiver or Block 1/3 if changed, or on an attact	annual report is true and acci ver or trustee enipowered to e iment with an address.	urate and the execute this	nat my signa report as r	ature shall have the same legal effect as if made un equired by Chapter 607, Florida Statutes; and that i	nder oath; th my name ap	at I am an opears in	