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

P97000043225 (6) DOCUMENT # 1. Corporation Name

WIND RIVER MANAGEMENT, INC.

FILED Mar 24 1998 8:00am Secretary of State



						_	
Principal Place of Business Mailing Address							
750 NORTH DIXIE HIGHWAY 750 NORTH DIXIE HIGHWAY							
HOLLYWOOD	FL 33020	HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						05/12/1997	
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0753629 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30	30]		Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered Agent	
	MOLINER, GINO			 ° '	Name		
	0 NORTH DIXIE HIGHWAY DLLYWOOD FL 33020			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
				83			
				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							
Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reliastating) DATE							
12.	OFFICERS AND		13.		. ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DEMOLINED ANNIE	☐ DELETE	1.1 11	TLE		Change Addition	
NAME	DEMOLINER, ANNE		AME				
STREET ADDRESS			1.3 \$1	REET	ADDRESS		
CITY-ST-ZIP			TY-\$1	T-ZIP			
TITLE	— — — — — — — — — — — — — — — — — — —			2.1 TITLE 2.2 NAME		Change Addition	
NAME	DEMOLINER, GINO 750 NORTH DIXIE HIGHWAY						
STREET ADDRESS	HOLLYWOOD FL 33020		1	2.3 STREET ADDRESS		→ →	
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP			
TITLE	1		1	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 N/				
STREET ADDRESS			4		ADORESS	Ì	
CITY-ST-ZIP				ITY-S	T-ZIP	Obana Disawa	
TITLE	_ _		4.1 TO			L Change L Addition	
NAME				4. 2 NAME		·	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-S		I-ZIP	Change Addition	
TITLE		DECEIE	5.1 TITLE 5.2 NAME			CHARGE LI Addition	
NAME AXDEEX ADDRESS					*********		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CI		1 - ZIP	☐ Change ☐ Addition	
TITLE		□ nereit	6.1 TI				
NAME			62 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 Ci	TY-SI	- 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 open attachment with an address.

7/1/ by 901000 7822