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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049213 (6)

WINDTREE INVESTMENTS, INC.

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



	WERLINE RD., STE. Y3 BEACH FL 33073	4100 N. POWERLINE RD. POMPANO BEACH FL 33		DO NOT WRITE IN TI	HIS SPACE
				06/04/1997	
		2a. Mailing Address	10.	4. FEI Number	Applied For
21		28 P.O. BOX 811	181	65-0771719	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	e e	28 BOCA RATO	N FL.	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	
24	25		O PAUM BEACH	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		., , , , , , , , , , , , , , , ,	10. Name and Address of New Register	
В	ENHAMOU, JACOB		81 Name		
ALOO AL DOMERI ME DO CTE VO				ress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33073			Siledi Addi	ress (r.c. box ruinber is not Acceptable)	
_			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpos	se of changing its registered
agent. La	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da <u>Statut</u> es.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	<i>*</i> • • • • • • • • • • • • • • • • • • •	HAMOU -	- 3	41	19158
	Signature, typed or printed name of registered a		General Agent digitatura requi		IE .
12.	D OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	BENHAMOU, JACOB	Delete	1.1 TITLE		Change L Addition
	4100 N. POWERLINE RD.,	RTE Va	1.2 NAME		
STREET ADORESS	POMPANO BEACH FL 330		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	FRANKEL, LESLIE		2.2 NAME		CT Original CT Magnition
STREET ADDRESS	4100 N. POWERLINE RD.,	STE V3	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	SHAVRICK, ERIC		3.2 NAME		
STREET ADDRESS	4100 N. POWERLINE RD.,	STE. Y3	3 3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330		3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	10.00	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP			6.4 CITY - ST - 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 on an attachment with an address.

SIGNATURE:

CHEST STATE OF THE

4/9/98

(954) 968-7042

:R2E034 (10/97