## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700090804

WINDCLOTH, INC.

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90008 046 \*\*\*150.00

587968 - 90008 - 46

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Mailing Address Principal Place of Business 927 MERIDIAN AVENUE 927 MERIDIAN AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes the current year Yes Mo No 29 30 Intangible Personal Property. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ANDERSON, STEPHEN K Street Address (P.O. Box Number is Not Acceptable) 927 MERIDIAN AVENUE MIAMI BEACH FL 33139 83 84 City Zip Code 85 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 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1 1 TITLE TITLE DELETE ANDERSON, STEPHEN K 1.2 NAME NAME 927 MERIDIAN AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Addition TITLE DELETE \_\_\_ Change 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE \_\_ DELETE 3.1 TITLE Addition 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 or an attachment with an adveges.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/99 305: 673.932

## 587965-90008-46. P97000090804

927 meridian Ave Miami Beach, Fl 33139

Phone 305-673-9323 Fax 305-673-5489

7/3/99

To whom it may concern -

Please be Advised that this Filing is late due to the Fact that I never recieved the First notice - I know that this is the 2nd time this has imprened and I applished. After speaking to a representive I now know that it in the coming years I do not recieve ducment by Feb 15th. I should all.

PEASE EXCEPT this check Fortist so with the primise that I will not be late again with my payment. Think you For your time and understanding—

Sirenely -:

- Steve Anderson