SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

000098822 (4)

FASTWINDS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
11873 HONEYLOCUST DR.	11873 HONEYLOCUST DR.
JACKSONVILLE FL 32223	JACKSONVILLE FL 32223

FILED Aug 26 1998 8:00am Secretary of State

		TINOCOGICO, III	•							
Principal Plac	ce of Busines	is	М	ailing Address				- I HOOMENDE HEN HOUSE HOUSE ACTIVE ON HE DAITH DAITH HEALD I DAID		
11873 HONEYLOCUST DR. 11873 HONEYLOCUST DI										
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223										
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
	-							11/17/1997		
2, Principal P	Place of Busi	ness	2a. Mailing Address			4. FEI Number	Applied For			
21			26					59-3485007	Not Applicable	
	Suite, Apt. #, etc.				75 Additional					
27			TWOTENESS			Fe	e Required			
		City & State	ty & State				00 May Be			
23		T	28		T				ded to Fees	
Zip		Country	\vdash	Zip	Cour	atry		8. This corporation owes or has paid the current year Intangible		
24	0 No.	25	[29]	4	30			Personal Property Tax due June 30. 12 Yes	No	
000		and Address of Curr	ent Regis	tered Agent		81 1	Name	10. Name and Address of New Registered Agent		
	STLOW, MN					°' '	vanie			
		LOCUST DR.			ľ	82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
JAC	KSONVILLE	E FL 32223						(
						83				
					ŀ	84 (City	—. 85	Zip Code	
							·	FL		
11. Pursuant	t to the provis	sions of sections 607.05	02 and 60	07.1508, Florida Statute	s, the abo	ve-na	med corpora	tion submits this statement for the purpose of changing i	s registered	
agent. I a	am fa m iliar v	yent, or both, in the Sta vith, and accept the obli	ie or Fioni gations of	da. Such change was a f, section 607.0505, Fig	autnorized orida Stati	by the ites.	e corporation	is board of directors. I hereby accept the appointment	s registered	
SIGNATURE			_							
	Signature, typed	or printed name of registered ag				ed Agent	t signature require	ed when reinstating) DATE		
12.	T	OFFICERS A	IND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
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TITLE						EET ADD	DRESS 1187	hael T. COSTION 13 Honeylocust Dr Conville, FL 32223		
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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 charged, or on an attachment with an address.

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To Whom It May Concern,

I received the enclosed second notice that I needed to file my annual report and include a \$400 late fee with my \$150 annual report/corporation supplemental fee. However, this is the first notice I received concerning my annual report.

I discussed the situation with Tyrone at the Reinstatement Office at the Division of Corporations and was instructed to include this letter of explanation with my annual report and a check for \$150. Please find those items enclosed.

&Incerely

Mike Costlow President

Eastwinds Technologies, Inc.