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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

1000102426

Aug 27, 1999 8:00 am Secretary of State 08-27-1999 90005 015 ***550.00

11/24/1997

59-3480487

5. Certifcate of Status Desired

6. Election Campaign Financing

4. FEI Number

610163 - 90005 - 95

WINDWARD MARKETING GROUP, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26 N

27

201 PARK PLACE, SUITE 200 ALTAMONTE SPRINGS, FL 32701

702 SWEETWATER BLVD

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

23 - LONGWOOD - FL 32779 - 28		Trust Fund Contribution	Added-to	Fees
	Country	8. This corporation owes the current year li		
24 25 U S A 29 30		Personal Property Tax.		XNo
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	l Agent	
	81 Name	BOURRET, RONALD C.		
BOURRET, RONALD C		ess (P.O. Box Number is Not Acceptable)	-	
611-109 CHESTNUT OAK CIRCLE				
ALTAMONTE SPRINGS, FL #@&)!	[83] 1.	513 FOX GLEN DRIVE		
•	84 City		85 Zip C	ode
	, W.T.	NTER SPRINGS FI		^{ode} 708
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and acceptance obligations of Section 607.0505, Florida S 	zad hy the comoratic	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its i intment as reg	registered istered
SIGNATURE CONSIGNATURE		8/20/99		
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Regist	ered Agent signature required			
<u></u>	3.	ADDITIONS/CHANGES TO OFFICERS A		
TILE DIRECTOR DELETE 1		DIRECTOR	[XChange	☐ Addition
NAME BOURRET, RONALD C.		BOURRET, RONALD C.		
STREET ADDRESS 611-109 CHESTNUT OAK CIRCLE	I	1513 FOX GLEN DRIVE		
TIETHORIE DIRECTOR IE GENERAL	4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE DELETE 2	1 TITLE		Change	☐ Addition
NAME 2	2 NAME			
STREET ADDRESS 2	3 STREET ADDRESS			
	4 CITY-ST-ZIP			
	1 TITLE		☐ Change	☐ Addition
NAME 3	2 NAME			
STREET ADDRESS . 3	3 STREET ADDRESS			
	4. CITY-ST-ZIP		Change	☐ Addition
	1 TITLE		☐ Change	☐ Addaton
To the	2 NAME			
	3 STREET ADORESS			
Decare	4 CITY-ST-ZIP		Change	Addition
	1 TITLE 2 NAME		ondingo	
NAME	S STREET ADDRESS			
STREET ADDRESS	4 CITY-ST-ZIP			
C/17-31-2/P	1 TITLE		☐ Change	Addition
ille a becore	2 NAME			
NAME .	3 STREET ADDRESS			
SIREE) ADDRESS	4 CITY-ST-ZIP			
CITY-ST-ZIP				

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, with all other like empowered.

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be