

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90099 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000007319

1. Corporation Name
WESTWIND INTERNATIONAL, INC.



Principal Place of Business: 1000 WESTWIND WAY BARTOW FL 33830-8725
 Mailing Address: 1000 WESTWIND WAY BARTOW FL 33830-8725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1998

4. FEI Number: 59-3487793 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 9012 Herring St. Suite, Apt. #, etc. 22
 City & State: 23 Cape Canaveral, Fl.
 Zip Country: 24 32920 USA 25

2a. Mailing Address: 26 P. O. Box 572 Suite, Apt. #, etc. 27
 City & State: 28 Cape Canaveral, Fl.
 Zip Country: 29 32920 USA 30

9. Name and Address of Current Registered Agent: DEALEJANDRO, BALDOMERO 1000 WESTWIND WAY BARTOW FL 33830-8725

10. Name and Address of New Registered Agent: 81 Name: Patrick T. Lee 82 Street Address (P.O. Box Number is Not Acceptable): 9012 Herring St. 83 84 City: Cape Canaveral FL 85 Zip Code: 32920

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DEALEJANDRO, BALDOMERO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEALEJANDRO, BALDOMERO	1.2 NAME	
STREET ADDRESS	1000 WESTWIND WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830-8725	1.4 CITY-ST-ZIP	
TITLE	D LEE, PATRICK T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, PATRICK T	2.2 NAME	
STREET ADDRESS	9012 HERRING STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Patrick T. Lee Date: 4/2/99 Daytime Phone #: 407 783 9623

CR2E034 (1.1/98)