WOTITZKY, EDWA 223 TAYLOR STR PUNTA GORDA FI 11. Pursuant to the provision office or registered agent agent. I am familiar with, SIGNATURE TILE D CRIST, DOL STREET ADDRESS POST OFFIT	RD L ET P9800002 OUTHWIND, INC. M PR 22 23 24 24 25 27 28 29 29 29 29 29 29 29 29 29 29	Katheria Secretar DIVISION OF C 20591 Mailing Address OST OFFICE BOX 511448 UNTA GORDA FL 33951 a. Mailing Address Suite, Apt. #, etc. City & State Zip Suite, Apt. #, etc. City & State	Country 30 81 82 Street At 83 84	Mar 11, 1999 8:00 at Secretary of State 03-11-1999 90125 005 ***150.00 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1998 4. FEI Number Applied For 0.5 - 0.201.51.9 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 oves the current year Intangible Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent tdiress (P.O. Box Number is Not Acceptable) Corporation oves the current year Intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent tdiress (P.O. Box Number is Not Acceptable) Corporation of directors. I hereby accept the appointment as registered agent total total ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
t. Corporation Name DEVELOPERS OF S Principal Place of Business OST OFFICE BOX 511448 UNTA GORDA FL 33351 2. Principal Place of Business Suite, Apt. #, etc. 2. City & State 3. Suite, Apt. #, etc. 2. City & State 3. 9. Name an WOTITZKY, EDWA 223 TAYLOR STR PUNTA GORDA FI 11. Pursuant to the provision office or registered agent agent. I am familiar with, Signature, typed or p 12. TITLE D CRIST, DOL Street ADDRESS STREET ADDRESS 316 EAST M LANSING M	OUTHWIND, INC-	Aailing Address OST OFFICE BOX 511448 UNTA GORDA FL 33951 a. Mailing Address Suite, Apt. #, etc. City & State Zip	Country 30 81 Name 82 Street Ac 83 84 City es, the above-named country uthorized by the corporn rida Statutas. Registered Agent signature registerer registerer	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/04/1998 4. FEI Number Applied For Not Applied For Not Applied For S8.75 Additional Fee Required \$. Certifcate of Status Desired \$8.75 Additional S. Certifcate of Status Desired \$8.75 Additional Fee Required \$. Election Campaign Financing \$5.00.May Be Added to Fees Added to Fees \$. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. Yes INO 10. Mame and Address of New Registered Agent Signess (P.O. Box Number is Not Acceptable) EL 85 Diporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
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TY-ST-ZIP	formation supplied with this	filing does not qualify for	6.4 CITY-ST-ZIP r the exemption stated i	in Section 119.07(3)(i). Florida Statutes, I further certify that the information
indicated on this annual i officer or director of the Block 12 or Block 13 if d	eport of supplemental annual orporation of the receiver of anged, of on an attachmen	arreport is true and accur rusice empowered to e with an address, with a	rate and that my signal execute this report as re it other like empowered.	The shall have the same legal effect as if made under out, that it am an guire shall have the same legal effect as if made under out, that it am an guired by Chapter 607, Florida Statutes; and that my name appears in 3/10/99 941-639-4220
SIGNATURE:	$\mathbf{X} \mathbf{\Pi} \cdot \mathbf{h} \cdot \mathbf{T}$	1 (T)) enterios (RIST 3/10/99 941-639-700-

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