

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
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FILED
Mar 25 1999 8:00 am
Secretary of State

DOCUMENT # P98000033945

1. Corporation Name
WINDJAMMER, INC.

Principal Place of Business
11738 NORTH 14TH STREET
TAMPA FL 33612

Mailing Address
11738 NORTH 14TH STREET
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

4. FEI Number

593561817

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

2a. Mailing Address

21 8326 US HWY 19

28 8326 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PORT RICHEY FLORIDA

28 PORT RICHEY FLORIDA

Zip

Country

Zip

Country

24 34668 6641 25 PASCO

29 34668 6641 30

9. Name and Address of Current Registered Agent

HILLER, GEORGIA ESQ.
11738 NORTH 14TH STREET
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

ELEN CHAYMO

82 Street Address (P.O. Box Number is Not Acceptable)

8326 US HWY 19

83

84 City

PORT RICHEY

FL

85 Zip Code

34668-6641

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

ELEN CHAYMO
Signature, typed or printed name of registered agent and title if applicable.

ELEN CHAYMO
(NOTE: Registered Agent signature required when reinstating.)

DATE

1 MARCH 1999

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

PRESIDENT

1.2 NAME

ELEN CHAYMO

1.3 STREET ADDRESS

8326 US HWY 19

1.4 CITY-ST-ZIP

PORT RICHEY FLORIDA 34668-6641

2.1 TITLE

SECRETARY TREASURER

☐ Change ☒ Addition

2.2 NAME

CATHERINE CHAYMO

2.3 STREET ADDRESS

8326 US HWY 19

2.4 CITY-ST-ZIP

PORT RICHEY FLORIDA 34668-6641

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

ELEN CHAYMO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JAN 99 (813) 979-1266

Date

Daytime Phone

CR2E034 (11/98)