


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

FILED
May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P9 80000 85811v*

1. Corporation Name
SouthWind Insurance Services, Inc

Principal Place of Business 40192 U.S. 19 NORTH TARPON SPRINGS FL 34689-8334	Mailing Address 40192 U.S. 19 NORTH TARPON SPRINGS FL 34689-8334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified <i>10-7-1998</i>	Applied For
4. FEI Number <i>59-3543871</i>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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

TITLE	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>Casatelli, Alexander M</i>	
STREET ADDRESS	<i>4943 Calais Drive</i>	
CITY-ST-ZIP	<i>Holiday, FL 34690</i>	
TITLE	<i>VD</i>	<input type="checkbox"/> DELETE
NAME	<i>Cangiano, Anthony J</i>	
STREET ADDRESS	<i>42085 US 19, #81</i>	
CITY-ST-ZIP	<i>Tarpon Springs, FL 34689</i>	
TITLE	<i>VD</i>	<input type="checkbox"/> DELETE
NAME	<i>Cangiano, Joan M</i>	
STREET ADDRESS	<i>42085 US 19, #81</i>	
CITY-ST-ZIP	<i>Tarpon Springs, FL 34689</i>	
TITLE	<i>SD</i>	<input type="checkbox"/> DELETE
NAME	<i>Casatelli, Alexander E</i>	
STREET ADDRESS	<i>42085 US 19 #91</i>	
CITY-ST-ZIP	<i>Tarpon Springs, FL 34689</i>	
TITLE	<i>TD</i>	<input type="checkbox"/> DELETE
NAME	<i>Casatelli, Mary L</i>	
STREET ADDRESS	<i>42085 US 19 #91</i>	
CITY-ST-ZIP	<i>Tarpon Springs, FL 34689</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* **president** *4/20/99* **727-439-2274**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)