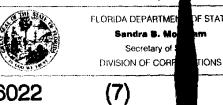
## FILE NOW: FILING FEE AFTER MAY 1 IS \$557.00

PROFIT CORPORATION ANNUAL REPORT 1997



FILED Mar 04 1997 8:00am Secretary of State

DOCUMENT # \$46022 (7)

WIND SPIRIT ENTERPRISES, INC.

WIND SPIRIT ENTERPHISES, INC  Principal Place of Business  12295 INDIAN MOUND RD  LAKE WORTH FL 33467  US	Mailing Address 12295 INDIAN MOUND RD LAKE WORTH FL 33467-822 US	20		
	•		3. Date Incorporated or Qualified 04/15/1991	3a. Date of Last Report 04/12/1996
Principal Place of Business     Total	2a. Mailing Address 26		4. FEI Number 65-0258196	Applied For Not Applicable
Suite, Apt #, etc 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip         Country           24         25           9. Name and Address of Cur		Country 30	This corporation has liability for Florida Statutes      Name and Address of New Re	Yes No
WINDHAM, JAMES 12295 INDIAN MOUND RD LAKE WORTH FL 33467		62 Street Addr 63 City	ess (P.O. Box Number is Not Acceptat	BE Zin Code
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Stagent. I am familiar with, and accept the observations.  Signature: typed or provide have of registered.	ate of Florida. Such change was a digations of, Section 607.0505, Flo	es, the above-named corporated by the corporated by the corporated Statutes.  Registered Agent signature requires	rion's board of directors. I hereby acceptions	ot the appointment as registered
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME WINDHAM, JAMES STREET ADDRESS 12295 INDIAN MOUND RD LAKE WORTH FL	L] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		Change Addition
INTE VP  NAME HALLMAN-WINDHAM, LEE  STREET ADDRESS 12295 INDIAN MOUND RD  LAKE WORTH FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
TITLE T NAME PRITCHARD, TATIANNA L STREET ADDRESS 4417 STATE DR OTY-ST-ZIP W PALM BCH FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
NAME STRELL ADDRESS CITY: \$1-70°	☐ DELĒTE	4.1 TITLE 4.2 NAME 4.3 SYREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
THE NAME STREET ADDRESS	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CHY-SI-7IF THEF NAME SHREELADDRESS CHY-SI-7IF 14. Toto hereological title the information supp	[_] DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition

14. Let hereby-defitly 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 inclicated 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Hallman-Windham

Eb 27 1997

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