

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 APR 20 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S76439** (6)

1. Corporation Name

**EAST WIND TRADING INCORPORATED**

Principal Place of Business

P.O. BOX 4744  
SEMINOLE FL 34642

Mailing Address

P.O. BOX 4744  
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/26/1991**

3a. Date of Last Report  
**04/18/1994**

2. Principal Place of Business

21 **8397-139TH LANE NORTH**

2a. Mailing Address

26 **8397-139TH LANE NORTH**

4. FEI Number

**59-3083918**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

23 **SEMINOLE, FL**

City & State

28 **SEMINOLE, FL**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

24 **34646**

25 **USA**

29 **34646**

30 **USA**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DOLAN, MICHAEL JAMES  
8397-139 H LANE NORTH  
SEMINOLE FL 34648-2914**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>P</b>                   |
| NAME            | <b>DOLAN, ROSSANA NGO</b>  |
| STREET ADDRESS  | <b>8397 139TH LANE NO.</b> |
| CITY - ST - ZIP | <b>SEMINOLE FL</b>         |
| TITLE           | <b>V</b>                   |
| NAME            | <b>DOLAN, MICHAEL J.</b>   |
| STREET ADDRESS  | <b>8397 139TH LANE NO.</b> |
| CITY - ST - ZIP | <b>SEMINOLE FL</b>         |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| 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           |                                                                   |
| 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 |                                                                   |

**100001463191**  
**-04/24/95 -01053--002**

**11:21:00:00** **4/20/95**

**200**

**200**

**THW**  
**4/20/95**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 this corporation or the recorder 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

**March 6, 1995** **(813) 392-3980**