

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S80601 (5)  
1. Corporation Name  
SUMMERWIND LIMITED, INC.

Principal Place of Business Mailing Address  
404 N. MIRAMAR AVENUE 404 N. MIRAMAR AVENUE  
INDIALANTIC FL 32903 INDIALANTIC FL 32903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/16/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3088885	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
DAVIDS, TIMOTHY J. 404 N. MIRAMAR AVENUE INDIALANTIC FL 32903				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
FL					
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDS, TIMOTHY J.	1.2 NAME	
STREET ADDRESS	404 N. MIRAMAR AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK, D. MICHAEL	2.2 NAME	
STREET ADDRESS	473 PENGUIN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTO, TERRENCE L.	3.2 NAME	
STREET ADDRESS	461 MOSSWOOD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: T J DAVIDS

1/23/98 S80601

CR2E034 (10/97)