FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92364 (6)

1. Corporation Name
WINDMILL MANAGEMENT, INC.

Principal Place of Business
9755 WESTVIEW DR
1221
CORAL SPRINGS FL 33075
US

Mailing Address
PO BOX 10399
NAPLES FL 33941
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0294407 [ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 10758 WILES RD.
22 Suite, Apt. #, etc.
23 City & State: CORAL SPRINGS, FL.
24 Zip: 33076 25 Country: USA

2a. Mailing Address
26 P.O. BOX 8876
27 Suite, Apt. #, etc.
28 City & State: CORAL SPRINGS, FL.
29 Zip: 33075 30 Country: USA

9. Name and Address of Current Registered Agent
GRAYDON, STEVEN R.
123 FORESTWOOD DRIVE
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11837 SANDLAKE DR.
83
84 City: BOCA RATON FL 85 Zip Code: 33428

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	[X] Change [ ] Addition
NAME	GRAYDON, STEVEN R.	NAME	
STREET ADDRESS	9755 WESTVIEW DR #1221	STREET ADDRESS	11837 SANDLAKE DR.
CITY-ST-ZIP	CORAL SPRINGS FL	CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S	TITLE	[X] Change [ ] Addition
NAME	GRAYDON, MARY K.	NAME	
STREET ADDRESS	9755 WESTVIEW DR #1221	STREET ADDRESS	11837 SANDLAKE DR.
CITY-ST-ZIP	CORAL SPRINGS FL	CITY-ST-ZIP	BOCA RATON, FL. 33428
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] 3-8-95 305-345-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0334938 CP