

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S94107 (7)
1. Corporation Name
WINDINGS INC



Principal Place of Business 1574 34TH STREET, N.W. WINTER HAVEN FL 33861	Mailing Address 1574 34TH STREET, N.W. WINTER HAVEN FL 33861-1806
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3. Date Incorporated or Qualified 11/14/1991	3a. Date of Last Report 03/15/1996
4. FEI Number 59-3099342	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GANGRAW, ROBERT G 5233 HIGHWAY 98 NORTH APT 126 LAKELAND FL 33809		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGRAW, ROBERT G	1.2 NAME	
STREET ADDRESS	5233 HIGHWAY 98 WEST, #127	1.3 STREET ADDRESS	5715 CRAFTON DRIVE
CITY- ST- ZIP	LAKELAND FL	1.4 CITY- ST- ZIP	Lakeland FL 33801
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODEN, BONNIE	2.2 NAME	
STREET ADDRESS	250 CHAMBERLAIN DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER HAVEN FL	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANGRAW, JANET	3.2 NAME	
STREET ADDRESS	12825 COUNTRYLAND DRIVE	3.3 STREET ADDRESS	5715 CRAFTON DRIVE
CITY- ST- ZIP	LAKELAND FL	3.4 CITY- ST- ZIP	Lakeland FL 33804
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODEN, MICHAEL	4.2 NAME	
STREET ADDRESS	13127 S.W. 32ND STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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: Robert G. Mortham 4-4-97 941-967-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)