

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

FILED
May 14 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 # S96514 (2)
1. Corporation Name
WARM WIND ENTERTAINMENT, INC.

Principal Place of Business 103 SOUTH U.S. HWY 1 A-5 JUPITER FL 33418 US	Mailing Address 103 SOUTH U.S. HWY 1 A-5 JUPITER FL 33477-5101 US
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2. Principal Place of Business 21 14025 TOMAHAWK TR. Suite, Apt. #, etc. 22 City & State 23 PALM BCH GARDENS, FL Zip 24 33418 Country	2a. Mailing Address 26 14025 TOMAHAWK TR. Suite, Apt. #, etc. 27 City & State 28 PALM BCH GARDENS, FL Zip 29 33418 Country
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3. Date Incorporated or Qualified 11/25/1991	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0312081	Applied For 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	

9. Name and Address of Current Registered Agent
BISHOP, KATHRYN
14025 TOMAHAWK TRAIL
PALM BEACH GARDENS FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BISHOP, JOHN B.
STREET ADDRESS	14025 TOMAHAWK TR
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BISHOP, CHAANDA
STREET ADDRESS	14025 TOMAHAWK TR
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	BISHOP, KATHRYN
STREET ADDRESS	14025 TOMAHAWK TR
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-7561-627-6865

CR2E034 (9/96)