

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **751441 (7)**
1. Corporation Name
TRADEWINDS BY THE SEA, INC.



Principal Place of Business
**3350 E ATLANTIC BLVD
STE 309
POMPANO BEACH FL 33062**

Mailing Address
**3350 E ATLANTIC BLVD
STE 309
POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **03/10/1980**
3a. Date of Last Report: **10/23/1995**

4. FEI Number: **59-2003419**
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 No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**CHAPMAN, JANE
3350 E ATLANTIC BLVD
SUITE 309
POMPANO BEACH FL 33062**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENEVA BUSH	
STREET ADDRESS	2029 N. OCEAN BLVD. #301	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	HUNTINGTON, PETER	
STREET ADDRESS	2029 N. OCEAN BLVD A-305	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FERRER, SHAN	
STREET ADDRESS	2029 N. OCEAN BLVD. #510	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP D	<input type="checkbox"/> DELETE
NAME	LAZARIDIS, DEBRA	
STREET ADDRESS	2029 N OCEAN BLVD. #309	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	M D	<input type="checkbox"/> DELETE
NAME	MCELMEEL, JOYCE	
STREET ADDRESS	2029 N. OCEAN BLVD #306	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LARRY CLEMMONS	
13 STREET ADDRESS	2029 N. Ocean Blvd # 312	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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03/26/96-01033-614
\$\$\$61.25

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **PETER G. HUNTINGTON** 1-30-96 954-566-709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AS PRESIDENT (Caption Phone #)

CR2E037 (12/95)