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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600004637 (0)

WINDERMERE TEAMS, INC.

Principal	Place of	Business
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FILED May 05 1997 8:00am Secretary of State



r micipal r lace	o Dualites	3		IV	lating Address				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
5427 MONTERR WINDERMERE F		r.			427 MONTERREY CLUB INDERMERE FL 34786-							
									3. Date Incorporated or Qualified 01/09/1996	3a. Da	ite of Last	Report
2. Principal Pl	lace of Busin	ness		28	 Mailing Address 				4. FEI Number			Applied For
21				26					59-3353954			Not Applicable
Suite, Apt.				27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	е			28	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	<u> </u>	C	ountry	120	Zip	Col	untry		8. This corporation has liability for in			
24		25	·	29		30	·			Yes [J. 155.55E,
	9. Name	and /	Address of Current	Regi	stered Agent				10. Name and Address of New Reg	istered .	Agent	
	s, William						81	Name				
	7 MONTER Dermere						82	Street Add	dress (P.O. Box Number is Not Acceptable	e)		
.,,,,							83					
							84	City		FL	85 Zi	o Code
11. Pursuant	to the provis	ione o	f Sections 607 0502	and I	607 1508 Florida Stat	utos the a	bove	L	rporation submits this statement for the p		changing	Lits registered
office or re	egistered ag	ent c	r both, in the State o	f F lor	rida. Such change was	s authorize	d by	the corpore	ation's board of directors. I hereby accep	t the app	ointment a	as registered
-	ili ialililai w	itti, eari	a accept the othigat	OHS (or, accion 607.0305, i	rionua ata	lutes	1.				
SIGNATURE	Signature, typed	or print	ed name of registered agent	and till	le if applicable (N	O1[· Registers	d Age	int signature requ	uired when reinstating)	DA1		
12.			OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D				DITTE	1.1 7	Πι€	-			Change	E [] Addition
NAME	SIMS, W					1.2 N	AME	1				
STREET ADDRESS			REY CLUB CT.			1.3 \$	TREE 1	ADDRESS				
CITY-ST-ZIP	WINDER	MEHE	FL 34786		- Deleve			ST-ZIP			1 0	T Lawren
TITLE					☐ DELETE	211		1			Change	: [_] Addition
NAME						22 N						
STREET ADDRESS								ADDRESS	÷.			
CITY-ST-ZIP TITLE					DELETE	317		ST-7IP			Changi	Addition
NAME	1				beer re	1 321		ļ			C Ontrigo	, PT vogeton
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP								ST-ZIP				
TITLE					DELFTE	4.11		31-211			Change	Addition
NAME						4.21					v	
STREET ADDRESS						4.3.5	AREET	ADDRESS				l
CITY-ST-ZIP						4.4 0	ITY~S	ST-ZIP				
TITLE					DELETE	5.11					Change	Addition
NAME						5.2 N	AME					
STREET ADDRESS						538	TREEF	ADDRESS				
CITY-ST-ZIP						540	11Y-S	ST - 71F				
TITLE					DELETE	617	IILE				☐ Chang	e Addition
NAME						621	AME					
STREET ADDRESS						6.3\$	TREEI	ADDRESS				
CITY-ST-ZIP						6.4,0	11Y - S	ST - ZIP				
									11 - 110 - 110 - 110			

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 in 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, if on an attachment with an address.