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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F97000004150**1. Corporation Name

HOT WINGS AVIATION LTD. CO.

Principal Place of Business									
1105	HAWKS	NEST	COURT						
			20000						

Mailing Address

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90170 023 ***150.00



1105 HAWKS NEST COURT PUNTA GORDA FL 33950		1105 HAWKS NEST COURT PUNTA GORDA FL 33950		DO NOT WRITE IN THIS	S SPACE				
						3. Date Incorporated or Qualifed 08/07/1997	7011,00		
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For			
21		26	26		25-1728191	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			E Contifered of Challes Desired	\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired	Fee Red	quired	
City & State		City & State	_			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	. 25	29	30			Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			·	10. Name and Address of New Registered	Agent		
				81	Name 7	10=0= Q AUSUUS	-1,		
	HT; ROBERT C ESQ		82 Street Add		Street Add	DOBERT B. CHEYNEY ddress (P.O. Box Number is Not Acceptable)			
-2315	AARON STREET		82 Street Add		1.7	105 HAWKS NEST CT			
′⁻ PO R	T CHARLOTTE FL 33952			83					
				84	City (85 Zip C	ode	
					Pu	INTA GORDA FL			
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such chand	e was authori	zed by I	the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	r changing its i intment as rec	registered gistered	
SIGNATURE	Kolak SC	lus -	<u> </u>			ad when reinstating) DATE	15/99		
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PCTD	□ DEI		1 TITLE			☐ Change	☐ Addition	
ļ	CHEYNEY, ROBERT B		•	2 NAME				ŧ	
AAAE MAMAAA MEAT OOURT				3 STREET	ADODESS				
OURTA CORDA EL COCCO									
CITY-ST-ZIP TITLE	S	□ DEI		4 CITY-ST	-ZP		Change	Addition	
	CHEYNEY, PATRICIA A			2 NAME			_ , ,	_	
NAME			_		4000E00				
STREET ADDRESS 1105 HAWKS NEST COURT			2.3 STREET ADDRESS						
CITY-ST-ZIP	PUNTA GORDA FL 33950			4 CITY-S	1-214	The state of the s	Change	Addition	
TITLE			•						
NAME			_	2 NAME	*D0DEC0				
STREET ADDRESS			I -		ADDRESS			}	
CITY-ST-ZIP		DE		4. CITY-S	r-ZIP 1		[] Change	Addition	
TITLE		□ ĐE		1 TITLE					
NAME				. 2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1877			4 CITY-ST	-ZIP		Change	Addition !	
TITLE		☐ DEI		1 TITLE		,	□ Change		
NAME	•			2 NAME				1	
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIP				4 CITY-ST	-ZIP			· Addition	
TITLE		□ DE		1 TITLE			☐ Change	☐ Addition	
NAME			6.	2 NAME	ĺ				

CITY-ST-ZIP 14. I 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 ged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

Supply the same First

NAME

STREET ADDRESS