

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90016 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G15805

1. Corporation Name
FLYING W, INC.

Principal Place of Business
BOX 1673
FT LAUDERDALE FL 33302
US

Mailing Address
POB 1673
FT LAUD FL 33302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1982

4. FEI Number

59-2238867

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **712 SW 4th**

26 Suite, Apt. #, etc.

22 **FT. Laud.**

27 City & State

23 **FLA.**

28 City & State

24 Zip **33312** 25 Country **USA**

29 Zip 30 Country

9. Name and Address of Current Registered Agent

WINER, RICHARD A.
712 S.W. 4TH PL.
FT. LAUDERDALE FL 33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ DELETE
NAME **WINER, RICHARD A.**
STREET ADDRESS **712 SW 4TH PL**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **SD** ☐ DELETE
NAME **WINER, RICHARD A.**
STREET ADDRESS **712 SW 4TH PL**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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

7/26/99 (954) 467-0007
Date Daytime Phone #

CR2E034 (5/99)

G/15805
593/46-900/6-2

FAX Transmission

From: JOHN ARRCO/DIXIE EQUIPMENT
Questions? Call 904615-6878 114 SHADY BRANCH TRAIL
Fax 904-615-9332 ORMOND BEACH, FL. 32174
To: DEPT. OF STATE
Company:
Address:
Date: July 6, 1999
Time: 12:29 PM Pages: 1 (including this one)

Message: I CALLED AND SPOKE WITH SOMEONE IN YOUR OFFICE ON FRIDAY JULY 2, 1999. THEY SUGGESTED THAT WE CALL OUR BANK TO SEE IF THE CHECKS HAD CLEARED YET. THEY HAD NOT. ATTACHED ARE COPIES OF OUR ORIGINAL FILING ALONG WITH NEW CHECKS. PLEASE LET US KNOW IF YOU NEED ANYTHING ELSE. THANK YOU.