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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G30103

WINGS-N-THINGS AN EATERY, INC.

(7)

Principal Place of Business

12363 W COLONIAL DRIVE WINTER GARDEN FL 34787 Mailing Address

12363 W COLONIAL DRIVE WINTER GARDEN FL 34787-4142

**FILED** Jun 04 1997 8:00am Secretary of State



U\$		US							
							<ol> <li>Date incorporated or Qualified 03/23/1983</li> </ol>	3a. Date of L 04/22/19	
Principal Pl	lace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number		Applied For
1		26					59-2265374		Not Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	75 Additional se Required
City & State	9	City &	State				6. Election Campaign Financing	\$5	.00 May Be
<u> </u>		28					Trust Fund Contribution		lded to Fees
Zip	Country	Zφ		Co	untry		8. This corporation has liability for i	ntangible tax un	der s. 199.032,
4	25	29		30				Yes Alo	
	9, Name and Address of Curren	t Registered A	Agent				10. Name and Address of New Re	gistered Agent	
	is, misuk s.				81	Name			
12383 W. COLONIAL DRIVE WINTER GARDEN FL 34787					82	82 Street Address (P.O. Box Number is Not Acceptable)			
						Street reduces (1.5. Box remises to recorded stable)			
					83				
					84	City		85	Zip Code
44 5	10.07.00	0 - 4007 450	0 61 34 014				corporation submits this statement for the p	<u> FL    </u>	1. 2. 14
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Suc	ch change was a	authorizo	ed by	the corpo	pration's board of directors. I hereby accep	orpose or chang of the appointme	nt as registered
	Signature, typed or printed name of registered age		ble (NOII			nt signature te	equired when reinstating)	DATE	27000 1140
12.	OFFICERS ANI	DIRECTORS	Closuste	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	PARE MICHE		DELETE	1.11		1		☐ Ch	ange L. Addition
NAME	DAVIS, MISUK			1.21	HAME	1			
STREET ADDRESS	12363 W. COLONIAL DRIVE			135	STHEET	ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL		<u> </u>		DITY-S	T- 7/P			
TITLE	S		DELETE	211	TITLE			∐ Ch	ange LJ Addition
NAME	FRYE, SUE				VAME				Ì
STREET ADDRESS	919 MALONE DRIVE			2.3 5	STREET	ADDRESS			
CITY-ST-Z#P	ORLANDO FL				CITY - S	1-7IP		····	
TITLE			DELETE	3.11	TITLE			[] Ch	ange Addition
NAME				321	IAME	-			
STREET ADDRESS				3.3 5	STREET	ADDRESS			
CITY-ST-ZHP					CITY-S	T- ZIP			
TITLE			DELETE	4.1 3	TITLE			Ch	ange 🔲 Addition
NAME				4.2	NAME				
STREET ADDRESS				4.3 \$	STREET	ADDRESS			
CITY-ST-ZIP					TY-S	T-ZIP			
TITLE			☐ DELETE	511		-		L Ch	ange 🔲 Addition
NAME				1	NAME	-			.
STREET ADDRESS				535	STREET	ADDRESS			
CITY-ST-ZIP					ITY-S	T-ZIP			
TITLE			DETELE	6.1 1	ITLE	- [		☐ Cha	ange 🔲 Addition
NAME				6.2 1	MAME	}			
STREET ADDRESS				6.3 \$	STREET	ADDRESS			
CITY-ST-ZIP				640	IIY S	1 - 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. 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 pocious of trustey empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name