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

· PROFIT CORPORATION ANNUAL REPORT

WNG INTERNATIONAL, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Principal Place of Business

OCCUMENT # G81468

(2)

Mailing Address

FILED

98 APR 17 AM 7:44

SECRETARY OF STATE

D BEAL PARKWAY O. BOX 1539 ORT WARTON BEACH FL 32549	SO BEAL PARKWAY P.O. BOX 1539 FORT WALTON BEACH FL	32549-1539		3. Date incorporated or Qualified	3a. Date of Last Report 4-23-97		
, Principal Place of Business	2a. Mailing Address			01/31/1984 4. FEI Number 59-2501315	Applied For Not Applied Details		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25		Country 30			Yes No		
9, Name and Address	of Current Registered Agent			10. Name and Address of New Reg	istered Agent		
GOURLEY, WARREN N.		81	Name		·		
50 BEAL PARKWAY SUITE 2			32 Street Address (P.O. Box Number is Not Acceptable)				
FORT WALTON BEACH FL	32548	63					
·. 1		84	City		FL 85 Zip Code		
	ns 607,0502 and 607,1508, Florida Statute of the State of Florida, Such change was a			rporation submits this statement for the pu			

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	e (NOTE R	egistered Agent signature requi		ATE	
12. ITLE	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS		
	DP	DELETE"	1,1 TITLE		Change [! Addition
NAME	GOURLEY, WARREN N.		1.2 NAME			
TREET ADDRESS	50 BEAL PKWY., SUITE 2		1.3 STREET ADDRESS			
CHY-ST-ZIP	FT. WALTON BCH. FL		1,4 CITY - ST- ZIP			
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ÄME			2.2 NAME	~04/23/98	0104501	2
TREET ADDRESS			2.3 STREET ADDRESS	****165.i	00 ****165.	.00
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RAME			3.2 NAME			
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[[Y+\$1+7:P			3.4. CITY - ST - ZIP			
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JAME			5.2 NAME		n //	
TREET ADDRESS			5.3 STREET ADDRESS		\mathcal{M}	
ITY+ST-ZIP	<u> </u>		6.4 CITY - ST-ZIP			

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 patric 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 altichment with an address.