

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H18356** (6)

1. Corporation Name

WING AERO, INC.



Principal Place of Business

**9601 NW 35TH CT
CORAL SPRINGS FL 33065
US**

Mailing Address

**9601 NW 35TH CT.
CORAL SPRINGS FL 33065
US**

3. Date Incorporated or Qualified

08/27/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2439848

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLBACCHINI, BRUNO
2151 N.W. 84TH WAY
SUNRISE FL 33322**

81 Name

COLBACCHINI, BRUNO

82 Street Address (P.O. Box Number is Not Acceptable)

9601 NW 35 CT

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME **CANNER, NORMAN**
STREET ADDRESS **4808 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

SD
NAME **COLBACCHINI, ROSEMARY**
STREET ADDRESS **2151 NW 84TH WAY**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE

VD
NAME **COLBACCHINI, BRUNO**
STREET ADDRESS **2151 NW 84TH WAY**
CITY-ST-ZIP **SUNRISE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
12 NAME **CANNER, NORMAN**
13 STREET ADDRESS **5006 MCKINLEY ST**
14 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

2.1 TITLE ☒ Change ☐ Addition

SD
22 NAME **COLBACCHINI, ROSEMARY**
23 STREET ADDRESS **9601 NW 35 CT**
24 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

3.1 TITLE ☒ Change ☐ Addition

VD
32 NAME **COLBACCHINI, BRUNO**
33 STREET ADDRESS **9601 NW 35 CT**
34 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Norman Canner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/96
Date

954-963-3873
Daytime Phone #

CR2E034 (12/95)