PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 **49930**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90127 004 ***150.00

1. Corporation									,
WACKI	WINGS, INC.					1 1001011 ALL 01010 1010 10100 1111 BAIL 8/8/2 0			ì
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Principal Place	o of Rusings	Mailing Address				-	all afall bight	IDIT EIRII IRBI	ļ
•		-	В						İ
475 E MERRITT ISL CSWY % JAMES R DRESSLER MERRITT ISL FL 32952 110 DIXIE LANE									
US COCOA BEACH FL 32931						DO NOT WRITE IN THIS	SPACE		į
ı						3. Date Incorporated or Qualifed		1	- 1
	<u></u>					11/30/1988	- 1 .		,
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>			4. FEI Number	⊢	plied For	
21		26				59-2920839		t Applicable	·
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re		Ì
22 City & State		City & State	City & State			E Election Compaign Financing	\$5.00		i
	e	─ ──	28			6. Election Campaign Financing Trust Fund Contribution	Added t	•	
23 Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Int		,	
24	25 29 30			•			Yes	☑No	
	9. Name and Address of Curre		<u>r</u> 1			10. Name and Address of New Registered	Agent		
DDE	SSLER, JAMES R.			81	Name				
	DIXIE LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1	COA BEACH FL 32931			83					
	OCA BEACHTE GEOCT			83					
				84	City	FL	85 Zip (Code	
44	the annihing of Sections 607.05	02 and 607 1509. Elorida St	atutes the a	hove	-named corno	vertice pubmits this statement for the numers of	changing its	registered	
office or r	egistered agent, or both, in the State	of Florida. Such change w	as authorized	by 1	the corporation	n's board of directors. Thereby accept the appoi	ntment as re	yistered ===================================	
	m familiar with, and accept the obliga	ations of, Section 607.0505	Florida Stat	utes.				1	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Registered	i Agent	t signature required	when reinstating) DATE			<u>~</u>
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		80/
TITLE	PVST	☐ DELET	1.1 TI	TLE			☐ Change	☐ Addition	11
NAME	HARRIS, DEBORAH		1.2 N/	AME				l	5
STREET ADDRESS	312 PALM AVE		1.3 \$1	TREET	ADDRESS			+	ř
CITY-ST-ZIP	COCOA FL		1.4 CI	ITY-ST	-ZIP				à
TITLE	VST □ DELETE 2.17		TLE			Change	☐ Addition	•	
NAME	HARRIS, DEBORAH 22N		AME						
STREET ADDRESS	312 PALM AVE		.2.3 S	TREET	ADDRESS		<u> </u>		
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NAME '						· · · · · · · · · · · · · · · · · · ·	☐ Change	1	
STREET ADDRESS		_	3.2 N		{		☐ Change	}	
CITY-ST-ZIP	,		3.3 \$	TREET	ADDRESS		☐ Change		
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	,	. DELET	3.3 S 3.4. C E 4.1 TI	TREET CITY-ST TLE			☐ Change	Addition	
NAME .			3.3 S 3.4. C 4.1 TI 4. 2 N	TREET CITY-S' TLE LAME	T- ZIP			Addition	
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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, with all other like empowered.

SIGNATURE:

ELOUIS HAND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-9

(407)639-5106