


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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K60789 (0)
1. Corporation Name
CHARLOTTE WINGS, INC.

Principal Place of Business 3121 VENTURE PLACE SUITE 1 JACKSONVILLE FL 32257	Mailing Address 3121 VENTURE PLACE SUITE 1 JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2951830	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EFSTATHON, JAMES H. 3121 VENTURE PLACE SUITE 1 JACKSONVILLE FL 32257		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	3121 VENTURE PLACE	13 STREET ADDRESS	14 CITY - ST - ZIP
CITY - ST - ZIP	JACKSONVILLE FL	21 TITLE	22 NAME
TITLE	DVS	23 STREET ADDRESS	24 CITY - ST - ZIP
NAME	SCHMIDT, KENT H.	31 TITLE	32 NAME
STREET ADDRESS	1003 GREENRIDGE ROAD	33 STREET ADDRESS	34 CITY - ST - ZIP
CITY - ST - ZIP	JACKSONVILLE FL	41 TITLE	42 NAME
TITLE		43 STREET ADDRESS	44 CITY - ST - ZIP
NAME		51 TITLE	52 NAME
STREET ADDRESS		53 STREET ADDRESS	54 CITY - ST - ZIP
CITY - ST - ZIP		61 TITLE	62 NAME
TITLE		63 STREET ADDRESS	64 CITY - ST - ZIP
NAME			
STREET ADDRESS			
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:  42-98 904 260-2500

CR2E034 (10/97)