

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 # **K71512 (3)**

1. Corporation Name
FRANKIE'S WINGS AND THINGS, INC.



Principal Place of Business: **C/O FRANK CALABRESE 555 GLEN CHEEK DRIVE CAPE CANAVERAL FL 32920**
Mailing Address: **C/O FRANK CALABRESE 555 GLEN CHEEK DRIVE CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified: **03/09/1989**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		59-2941472	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CALABRESE, FRANK
555 GLEN CHEEK DRIVE
CAPE CANAVERAL FL 32920**

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

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, FRANK	1.2 NAME	
STREET ADDRESS	540 PARKSIDE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, MARYELLEN	2.2 NAME	
STREET ADDRESS	540 PARKSIDE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARY CALABRESE	3.2 NAME	
STREET ADDRESS	530 PARKSIDE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUGEL, BRIAN	4.2 NAME	
STREET ADDRESS	1465 SYKES CREEK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUGEL, ELLEN	5.2 NAME	
STREET ADDRESS	1465 SYKES CREEK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ellen Flugel* **Ellen Flugel** **4/29/96** **407-799-4349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)