

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90024 038 ***158.75

DOCUMENT #

K96921 (7)

1. Corporation Name

MASTER WINGS CORP.



Principal Place of Business

Mailing Address

9780 SW 155TH AVE
MIAMI, FL 33196
US

9780 SW 155TH AVE
MIAMI, FL 33196
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1989

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 800 N.W. 111TH ST.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip Country

24 33168 25 DADE

2a. Mailing Address

26 800 N.W. 111TH ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip Country

29 33168 30 DADE

9. Name and Address of Current Registered Agent

CROCKETT, LESTER
9780 SW 155 AVE

MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

CROCKETT, LESTER

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

1900 N. BAYSHORE DR. APT 1014

83

84 City

MIAMI

FL

85

Zip Code

33132

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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

Lester E. Crockett

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CROCKETT, LESTER E.

STREET ADDRESS 9780 S.W. 155TH AVE.

CITY-ST-ZIP MIAMI 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

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

1.2 NAME PD

1.3 STREET ADDRESS CROCKETT, LESTER E.

1.4 CITY-ST-ZIP 1900 N. BAYSHORE DR. APT 1014

2.1 TITLE MIAMI, FL 33132 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99