

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 # K99085

(8)

1. Corporation Name

TRIPPEROO WINGS, INC.



Principal Place of Business

% NORMAN D. TRIPP
110 S.E. SIXTH STREET, 28TH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address

C/O ~~JOHN DAMIAN~~ Rosalie Arthur
P O BOX 22776
FT. LAUDERDALE FL 33335
US

3. Date Incorporated or Qualified
06/28/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0133141

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIPP, NORMAN D.
110 SE 6TH ST., 28TH FLOOR
FORT LAUDERDALE FL 33301

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent (and the applicable fee)

(NOTE: Registered Agent's signature required when "resigning")

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MORSE, EDWARD J.
STREET ADDRESS 1240 NORTH FEDERAL HWY.
CITY-ST-ZIP FORT LAUDERDALE FL ☒ DELETE

1.1 TITLE D
1.2 NAME COBB, KEITH, D
1.3 STREET ADDRESS 110 SE 6TH ST.
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL ☐ Change ☒ Addition

TITLE S
NAME TRIPP, NORMAN D.
STREET ADDRESS 110 SE 6TH ST., 28TH FL.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KELLY, WILLIAM H.
STREET ADDRESS 55 E. MONRE ST., #4620
CITY-ST-ZIP CHICAGO IL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PCD
NAME EGAN, MICHAEL S.
STREET ADDRESS 110 SE 6TH ST., 29TH FL.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ARTHUR, ROSALIE V.
STREET ADDRESS 110 SE 6TH ST., 29TH FL.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Rosalie V. Arthur, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

Daytime Phone: #

CR2E034 (12/95)

5/2/96