

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
ROSALIE ARTHUR  
110 S.E. SIXTH STREET, 28TH FLOOR  
FORT LAUDERDALE FL 33301  
ROSALIE ARTHUR  
P.O. BOX 22776  
FT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 450 E. Las Olas Blvd.		26 450 E. Las Olas Blvd.		06/28/1989		05/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Ste. 1200		27 Ste. 1200		65-0133141		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Ft. Lauderdale, FL		28 Ft. Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33301		29 33301					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VSD
NAME	COBB, KEITH D	1.2 NAME	James C. Cole
STREET ADDRESS	1240 NORTH FEDERAL HWY.	1.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	S	2.1 TITLE	AS
NAME	TRIPP, NORMAN D.	2.2 NAME	Norman D. Tripp
STREET ADDRESS	110 SE 6TH ST., 28TH FL.	2.3 STREET ADDRESS	110 SE 6TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	3.1 TITLE	VO
NAME	KELLY, WILLIAM H.	3.2 NAME	Thomas W. Hawkins
STREET ADDRESS	55 E. MONRE ST., #4620	3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	PCD	4.1 TITLE	P
NAME	EGAN, MICHAEL S.	4.2 NAME	Michael S. Egan
STREET ADDRESS	110 SE 6TH ST., 29TH FL	4.3 STREET ADDRESS	110 SE 6TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T	5.1 TITLE	AT
NAME	ARTHUR, ROSALIE V.	5.2 NAME	Kathleen Hyle
STREET ADDRESS	110 SE 6TH ST., 29TH FL	5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		6.1 TITLE	
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 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.

CR2E034 (4/97)