

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.)

①

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 AUG 20 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L54305

(2)

1. Corporation Name

WING-IT N.Y. RESTAURANT, INC.

Principal Place of Business  
11018 OLD ST. AUGUSTINE RD.  
STE 131  
JACKSONVILLE FL 32257  
US

Mailing Address  
11018 OLD ST. AUGUSTINE RD.  
STE 131  
JACKSONVILLE FL 32257  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1990

3a. Date of Last Report

07/23/1996

4. FEI Number

59-3134833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

HARRIS, JOYCE  
12944 JULINGTON RIDGE DRIVE EAST  
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME D HARRIS, JOYCE  
STREET ADDRESS 12944 JULINGTON RIDGE DR  
CITY-ST-ZIP JACKSONVILLE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002274742-00  
-08/22/97--01066--001  
\*\*\*\*165.00 \*\*\*\*165.00

JB  
8-20-97

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.

SIGNATURE:

Signature: JOYCE HARRIS 8/12/97 904262199

CR2E034 (4/97)

(2)

**WING-IT OF N.Y., INC.**  
**11018 Old St. Augustine Road, Suite 107**  
**Jacksonville, Florida 32223**

August 12, 1997

Annual Report Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Profit Corporation Annual Report Filing  
Doc # \*\*\*\*\*

Dear Sir or Madam,

Please find the Second Notice for the above shown report and our payment for \$165.00. I am hopeful that you will accept this as payment in full for our Annual Fee. We did not receive the First Notice for the report and we rely on the services of a paid tax practitioner for all of our tax form preparation and filings. I request that you consider these two factors as grounds for abatement due to your reasonable cause and due diligence criteria.

Thank you for your prompt attention and consider in this matter.

Sincerely,

*Joyce Harris*  
Joyce Harris  
Corporate Secretary