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

May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # L71979** (3)THE WINGS OF LIGHT, INC. Principal Place of Business Mailing Address 9829 BAY PINES BLVD. 9629 BAY PINES BLVD ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3008762 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LYNCH, LORNA R 2268 KINGS PT DR Street Address (P.O. Box Number is Not Acceptable) 82 **LARGO FL 33614 A3** Zip Code 84 City 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, typied or printed name of toge tricid agent and title if applicable ed Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE LYNCH, LORNA R. NAME 2268 KINGS POINT DRIVE STREET ADDRESS REET ADDRESS **LARGO FL 34644** CITY-ST-ZIP ... DELETE Change Addition TITLE 2.1 STREET ADDRESS 2.3 REET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELETE TITLE 3. Change Addition NAME STREET ADDRESS ET ADDRESS CITY - ST - ZIP -ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS ET ADDRESS CITY - ST- ZIP ·ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. Thereby 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 eath; 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. EDRNA RILINAVI 812-397-12.21

6.4 CITY-ST-ZIP

CITY-ST-ZIP