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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78312

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WINGER MARKETING, INC.

Principal Place of Business		Mailing Address	Mailing Address		I HODIFARI DEL FORDE FORME FRINCE STON OFFICI DEPLE DIGIL DEPLE PROFESTORIO			
2735 MELLONVILLE AVE SUITE #202 SANFORD FL 32773 US		2735 MELLONVILLE AVE	2735 MELLONVILLE AVE SUITE #202 SANFORD FL 32773-8305 US					
					3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1990 05/01/1996			eport
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			59-3016496			t Applicable
Suite, Apt. :	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stale)	City & State			6. Election Campaign Financing		\$5.00	
7.0	Courte	28	Countr		Trust Fund Contribution	<u> </u>	Added t	
Zip 4	Country 25	Zip 29	Country 30	y	 This corporation has liability for Florida Statutes 		tax under s.] No	. 199.032,
1	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New	Registered A	\gent	
WING	GER, TERRY LEE		81	Name				
2735	MELLONVILLE AVE		8		Street Address (P.O. Box Number is Not Acceptable)			
	E #202		83					
SAN	FORD FL 32773		84	_			a 2:0 /	O a d a
						FL		Code
11. Pursuant t	to the provisions of Sections 607	0502 and 607.1508, Florida Statut	es, the abov	e-named corpora	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of	changing it	s registered
agent Lar	m familiar with, and accept the o	bligations of Section 607 0505, Fi	orida Statute	^{S.}	1	7 //	~ ~	
SIGNATURE	Lerrydo	The second secon	erry	N - WI	NGER	<u> </u>	-7/	,
			E Bacietoradaa		izad when coinstating)			
12.		ed agent and title if applicable (NOT S AND DIRECTORS	E Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	IS IN 12
т							DIRECTOR Change	IS IN 12
ΠΤιF	OFFICERS P	AND DIRECTORS	13.	ent signature requi				
IITLF NAME	OFFICERS	AND DIRECTORS DELETE	13. 11 TITLE 12 NAME	ent signature requi				
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IE: 1 erry C. WINGER 407-330-0417