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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mar	03	1998	8	8:00am
Se	cret	tary ()1	f State

DOCU 1. Corporatio THE IR	MENT # M80923 WING CORPORATION	3 (9)				
Principal Plac	ce of Business	Mailing Address			ist Ordin Black Blåbt Didte Blåte 1831	
8900 ATLANTIC BLVD JACKSONVILLE FL 32211		8864 ATLANTIC BLVD				
JACKSONVILI US	LE FL 32211	JACKSONVILLE FL 32211		DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 05/11/1988 		
2. Principal P	Place of Business	26. Mailing Address	0.	4. FEI Number	Applied For	
21 /058 Suite, Apt	S ATLANTIC BLYO	26 / 05 85 ATC. Suite, Apt #, etc.	ANTIC BLYD	59-2887585	Not Applicable	
Suite, Apt.	, #, etc.	27 Suite, Apr #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be	
	SONVILLE, FL	28 JACKSONVI	UE FC	Trust Fund Contribution	Added to Fees	
Zip 24 322	Country	70	Country 30	This corporation owes or has pa Personal Property Tax due June	aid the current year Intangible	
24 / 100	9. Name and Address of Current		30	10. Name and Address of New Re		
G/	ALEANI, JOHN	F , <u></u>	81 Name -	Court Garage		
	64 ATLANTIO BLVD		82 Street Add	ONN CALEAN / dress (P.O. Box Number is Not Acceptate	ole)	
JA	CKSONVILLE FL 32211		1058	S ATLANTIC BLUD		
1			63			
	Λ		84 City Ta	KSONNULE, FL	FL 85 Zip Code 32225	
44 Pursuant	to the disvisions of Sections 607 0502	and 607 1508. Florida Statute	s the above-named cor	poration submits this statement for the r	purpose of changing its registered	
office or i agent. I a SIGNATURE	Japania: typod or printed name of regularied agent	d wind tallout apply after (NOTE	uthorized by the corpora rida Statutes. Registered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acceptive when reinstating)	28/98 DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DEMOND, JEFF	☐ OELETE	1.1 TOLE		Change Addition	
NAME OTREET ADDRESS	709 WESTCHESTER AVE	$\bigwedge $ $\forall v \rightarrow$		EMOND JEFF OF WESTCHESTER AVE		
STREET ADDRESS	WHITE PLAINS NY	1-7				
CITY-ST-ZIP TITLE	DP	DELETE		SHITE PLAINS, NY	Change Addition	
NAME	GALEANI, JOHN	4		ALEANT JOHN	7- 1	
STREET ADDRESS	-8000 ATLANTIC BLVD>	$\triangle h \rightarrow$	2.3 STREET ADDRESS /	0585 ATTENTIC BLUD		
CITY - ST - ZIP	JACKSONVILLE FL			TACKSONVILLE PR.		
TITLE	VT	DELETE		T	Change	
NAME	SPILMAN, KATHERINE	۸ ، ۱		PILMAN, KATHERINE		
STREET ADDRESS	-0084 ATLANTIC BLVD	\nearrow \rightarrow		0585 ATTANTE BLKD		
CITY-ST-ZIP	JACKSONVILLE FL	-		ACKSONVILLE, FR.		
TITLE	DC	DELETE	4.1 TITLE 5	5	☐ Change	
NAME	BRESNAN, WILLIAM J.		4.2 NAME	BRESNAN, LOBERT	=	
STREET ADDRESS	709 WESTCHESTER AVE. WHITE PLAINS NY			109 WESTEHESTER AVE		
CITY-ST-ZIP TITLE	D D	☐ DELETE	4.4 CITY-ST-ZIP 6	UHITE PLAINS, NY 1	Change Addition	
	GISLASON, PAUL		5.1 TILE 5.2 NAME		En alignation	
NAME STREET ADDRESS	309 HOLLY LN		5.3 STREET ADDRESS			
CFFY-ST-ZIP	MANKATO MN		5.4 CITY - ST - ZIP			
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	MEREDITH, DONALD		6.2 NAME		<u>,</u> —	
STREET ADDRESS	AN LIALITICAL IND		6 3 STREET ADDRESS			
City-SI-7IP	MANKATO MN		6.4 CITY-ST-7IP			

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 suppliemental 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 Justee 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:

904-724-2144