FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:25

DOCUMENT # N94000003176 (4)

1. Corporation Name
GOLDEN WINGS, INC.

Principal Place of Business	Mailing Address
451 SE 13TH AVENUE POMPANO BEACH FL 33060	451 SE 13TH AVENUE POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0504516 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEAUPRE, JUDITH A
451 SE 13TH AVENUE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	☐ Change ☐ Addition
NAME	WATERS, W J	1.2 NAME	
STREET ADDRESS	511 74TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JENKINS, EMILY	2.2 NAME	
STREET ADDRESS	3212 LAKEVIEW CIRCLE STE. 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BEAUPRE, JUDY	3.2 NAME	
STREET ADDRESS	451 SE 13TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	3.4 CITY-ST-ZIP	
TITLE	D FT 34949	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BARAN, BONNIE	4.2 NAME	BARAN, B
STREET ADDRESS	~~POST OFFICE BOX 30675~~ 2518 Harbour Creek	4.3 STREET ADDRESS	2518 HARBOUR CREEK
CITY-ST-ZIP	~~PALM BEACH GARDENS FL 33420~~ Ft. Pierce FL	4.4 CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEU, JOANN	5.2 NAME	
STREET ADDRESS	2131 NW 30TH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GUTOWSKI, BETTY	6.2 NAME	
STREET ADDRESS	2520 SE ANCHORAGE COVE 110 A	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith A Beaupre JUDITH A. BEAUPRE 2/7/95 (305) 946-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0005059