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Mar 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33060-7617

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0404516

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WATERS, W J
STREET ADDRESS 511 74TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME JENKINS, EMILY
STREET ADDRESS 3212 LAKEVIEW CIRCLE STE. 101
CITY-ST-ZIP FORT PIERCE FL 34949

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BEAUPRE, JUDY
STREET ADDRESS 451 SE 13TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BARAN, B
STREET ADDRESS 2518 HARBOUR CREEK
CITY-ST-ZIP FORT PIERCE FL

4.1 TITLE D
4.2 NAME MILLER, P
4.3 STREET ADDRESS 2314 OLD NEW WINDSOR PIKE
4.4 CITY-ST-ZIP NEW WINDSOR, MD 21776

TITLE D
NAME NEU, JOANN
STREET ADDRESS 2131 NW 30TH ROAD
CITY-ST-ZIP BOCA RATON FL 33431

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GUTOWSKI, BETTY
STREET ADDRESS 2520 SE ANCHORAGE COVE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

3/1/97

954,946,0004

CR2E037 (9/96)