

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N94000003176**

1. Corporation Name

**GOLDEN WINGS, INC.**

Principal Place of Business

**451 SE 13TH AVENUE  
POMPANO BEACH FL 33060**

Mailing Address

**451 SE 13TH AVENUE  
POMPANO BEACH FL 33060**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

3. Date Incorporated or Qualified

**06/27/1994**

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

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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**WATERS, W J**  
**511 74TH STREET**  
**HOLMES BEACH FL 34217**

TITLE ☐ DELETE

**D**  
**JENKINS, EMILY**  
**3212 LAKEVIEW CIRCLE STE. 101**  
**FORT PIERCE FL 34949**

TITLE ☐ DELETE

**D**  
**BEAUPRE, JUDY**  
**451 SE 13TH AVENUE**  
**POMPANO BEACH FL 33060**

TITLE ☐ DELETE

**D**  
**MILLER, P**  
**2314 OLD NEW WINDSOR PIKE**  
**NEW WINDSOR MD**

TITLE ☐ DELETE

**D**  
**NEU, JOANN**  
**2131 NW 30TH ROAD**  
**BOCA RATON FL 33431**

TITLE ☒ DELETE

**D**  
**GUTOWSKI, BETTY**  
**2520 SE ANCHORAGE COVE**  
**PORT ST. LUCIE FL 34952**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DAN Mc CARTHY**  
**62 DORNINGTON ROAD**  
**BEAVER FALLS, PA. 15010**

14. I 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/99*

Date

*954 946-0234*

Daytime Phone #

CR2E037 (11/98)