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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS 1999

DOCUMENT # N9400004952

WINGS OF VICTORY INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

7831 10TH AVE., SOUTH ST. PETERSBURG FL 33707 7831 10TH AVE., SOUTH ST. PETERSBURG FL 33707

2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed							
21		26		10/03/1994							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For						
22		27		59-3272560	Not Applicable						
_City & State	8	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required						
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be						
24	25	29 3	10	Trust Fund Contribution	Added to Fees						
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered A	gent						
			81 Name								
BACI AND	, GEORGE E		82 Street Add	dress (P.O. Box Number is Not Acceptable)							
	HAVE., SOUTH										
	RSBURG FL 33707		83								
31. 1 212	1000110 1 E 30707		84 City		85 Zip Code						
			84 City	FL	B3 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 grinted pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12						
TITLE		DELETE	1.1 TITLE	7,007,107,07	☐ Change ☐ Addition						
	PD OF AND OF A PAGE 5		1.2 NAME								
NAME	RAGLAND, GEORGE E										
STREET ADDRESS			1.3 STREET ADDRESS		ĺ						
CITY-ST-ZIP	ST. PETERSBURG FL 33707	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		☐ Change ☐ Addition						
TITLE	VSTD	D OCCETE	2.1 ITILE 2.2 NAME								
NAME	RAGLAND, BARBARA T										
STREET ADDRESS	7831 10TH AVE., SOUTH		2 3 STREET ADDRESS								
CITY-ST-ZIP	ST. PETERSBURG FL 33707	DELETE	2. 4 CITY-ST-ZIP		Change Addition						
TITLE	,D	Deceie	3.1 TITLE								
NAME	DANIELL, T. EVAN		3.2 NAME								
STREET ADDRESS	3467 E. RIVERSIDE DRIVE		3.3 STREET ADDRESS								
CITY-ST-ZIP	FT. MYERS FL 33916	□ DELETE	3.4. CITY-ST-ZIP		Change Addition						
TITLE		☐ DELETE	4.1 TITLE		Clearing Dynamin						
NAME			4. 2 NAME		}						
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP	10-10	[] net exe	4.4 CITY-ST-ZIP		☐ Change ☐ Addition						
TITLE		DELETE	5.1 TITLE		Change Maddigon						
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP		F-1	5.4 CITY+ST-ZIP		Channa Chadha-						
TITLE		☐ DELETE	6.1 TITLE		Change Addition						
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-ST-ZIP		٠						

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: