

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90234 019 ****70.50

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1. Corporation Name

WINGS OF FIRE MOTORCYCLE CLUB, INCORPORATED

Principal Place of Business

1106 NORTHWEST 15TH PLACE
FORT LAUDERDALE FL 33311

Mailing Address

1106 NORTHWEST 15TH PLACE
FORT LAUDERDALE FL 33311

140351-90234-19



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR 65 0798491	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

DUKES, WILLIE SR
1106 NORTHWEST 15TH PLACE
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	OWENS, JOHNNIE	1.2 NAME	
STREET ADDRESS	3860 NW 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	WILLIAMS, W M	2.2 NAME	
STREET ADDRESS	P.O. BOX 6033	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33310	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DUKES, WILLIE SR	3.2 NAME	
STREET ADDRESS	1106 NW 15TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: WILLIE DUKES, SR.

1/10/99 (954) 527-3498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)