FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050467 (8)

1. Corporation Name

TREE'S WINGS, INC.

Principal Place of Business	Mailing Address
600 ROYAL PALM BCH. BLVD. ROYAL PALM BCH. FL 33411 US	1026 PARK CIR., SO. W. PALM BCH. FL 33405 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1993	3a. Date of Last Report: 07/08/1994
4. FEI Number: 65-0425794	Applied For / Not Applicable
5. Certificate of Status Desired: X	$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	X No

2. Principal Place of Business	2a. Mailing Address
21	26 2407 Florida ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. WEST PALM BEACH
23 City & State	28 City & State Fla
24 Zip / 25 Country	29 Zip 33406 / 30 Country US

9. Name and Address of Current Registered Agent

THOMPSON, GLENN
1026 PARK CIR., SO.
W. PALM BCH. FL 33405

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 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 of Registered Agent: [signature] 4-27-95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	THOMPSON, GLENN
STREET ADDRESS	1026 PARK CIRCLE SOUTH
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	D
NAME	THOMPSON, CYNTHIA
STREET ADDRESS	1026 PARK CIRCLE SOUTH
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-27-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0244777 CP