## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300053230 (7)
WINGFALL ENTERPRISES, INC.

FILED AUG 19 AM 7:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address								a nominon isa hekan niini ganif ediki bah		OO SIRINE INGOOR IN	HI 36H 1991
4001 S OCEAN DR 4001 S OCEAN DR											
#5-D #5-D HOLLYWOOD FL \$3019 HOLLYWOOD FL 33019											
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 3a. Date of Last Report 07/29/1993 05/24/1996			-,
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		<del> </del>	pplied For
21				26				65-0429242		<b>→</b>	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
Ciby & State				27						Fee Re	equired
City & State				City & State				6. Election Campaign Financing			May Be
l Zin I Country			28	Zip Country				Trust Fund Contribution Added to Fees			
24	25			29 30			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \( \square\) No			
	9. Name	tered Agent				10. Name and Address of New Registered Agent					
FILINGS, INC.											
3732 NW 16TH ST						82	Street Add	fress (P.O. Box Number is Not Acceptab	(a)		
FT I	LAUDERDA						TOOS (* .O. DON 140/100) IS 140/ ADDODIED	-0,			
						83					
						84	City	- T (		<b>85</b> Zip (	Code
11. Pursuant	to the provisi	ions of Sections 607 0	M2 and 6	07 1508 Florida Sta	tutos the s	hou	o named nor	poration submits this statement for the pr	FL	<u>,                                      </u>	
office or re agent. I a	egistered ag m familiar wi	ent, or both, in the Sta th, and accept the obt	te of Florid	da. Such change wa f, Section 607.0505.	is authorize Florida Sta	ed by	y the corpora s.	tion's board of directors. I hereby accep	t the app	pointment as	registered
SIGNATURE											
Signature, typed or printed name of registered agent and tile if applicable.  12. OFFICERS AND DIRECTORS						ed Age	ent signature requi	ired when reinstaling; ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTOR	OC IN 10
TITLE	PD	OT TOT TO	DINEC	DELETE	13. 1.1 T	III E		ADDITIONS/CHANGES TO OFFICE	ENS AND	Change	Addition
NAME	WIEGEN	FELD, ISRAEL		_	1.2 N			8000022	78	ana.	
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STREET ADDRESS					1		ADDRESS	γ.	100	•	
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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 eath; 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.

Operation

'Afivorni of Orporation's
P.O. Box 6327 Ang 11, 1997

Jallahassee F1. 32302-1500

To whom it may concern:

As per my phone conversation today

I am enclosing a check of 1652

This notice is the frier notice I

have received or I would have paid it

sooner. Please forgive this Thankyou

Sincerely J. Wegenfild Ries Winzfallenderpies