FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053230 (7)

4001 S OCEAN DR #5-D

HOLLYWOOD FL 33019

WINGFALL ENTERPRISES, INC. Principal Place of Business Mailing Address 4001 S OCEAN OR 4001 S OCEAN DR #5-D HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0429242 Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Žip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FILINGS, INC. 3732 NW 16TH ST 62 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33311 Ri 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE WIEGENFELD, ISRAEL 1.2 NAME NAME 4001 S OCEAN DR #5-D STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP 1.4 CITY-ST-ZIP DECETE Change Addition 2.1 TITLE TITLE FALL, DAVID T NAME 2.2 NAME

STREET ADDRESS 3.3 STREET ADDRESS CITY - \$T - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELE1E 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

2.3 STREET ADDRESS

2.4 City-St-ZiP

3.1 TITLE 3.2 NAME

DELETE

64 CITY-ST-ZIP

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

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

since Wugglild, Dre- When 3, 1998

6.3 STREET ADDRESS

E034 (10/97)

Change

Addition

FILED

Mar 16 1998 8:00am

Secretary of State