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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024277 (3)

TEN CENT WINGS, INC.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Display Dung of Duly						·					
Principal Plac		Strile, Apt. #, etc. Strile, Apt. #, etc. Strile, Apt. #, etc. City & State City & State City & State City & State Country 28 Country Added to Ference and Front Agent Country 29 30 Country 8. This corporation has liability for intangible tax under s. 199. Floridal Statutes Yes No dress of Current Registered Agent 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 64 City FL 85 Zip Code 67.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered Agent or state of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed in the purpose of changing its registered Agent or state of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed by the corporation's board of directors. I hereby accept the appointment as registed application of the purpose of changing its registed application of the purpose of changing its registed applications of Section 607.0505, Floridal Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 12 NAME 13 STREET ADDRESS 24 CITY-ST-ZP DELETE 21 TITLE 27 NAME 23 STREET ADDRESS 24 CITY-ST-ZP DELETE 31 TITLE 13 TITLE 15 Change) PSEI 1861					
1368 SE 17 ST FT LAUDERDA											
										eport	
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number			plied For	
21			26								
Suite, Apt. #, etc.			 				SR 75 Additional				
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23			+ · · · · · · · · · · · · · · · · · · ·								
Zip Country							8. This corporation has liability for intangible tax under s. 199.032,				
24	25			30	,						
 		urrent Registe	ered Agent				10. Name and Address of New Re	gistered /	Agent		
	ris, James s				BI	Name					
1368 SE 17 ST					82	Street Addr	ddress (P.O. Box Number is Not Acceptable)				
FLI	LAUDERDALE FL 33317				83	···					
					03						
<u> </u>		n			, 1	•					
11. Pursuant office or r	to the provisions of Sections 60 registered agent, or both, in the	7 0502 and 60 State of Florida	7.1508, Florida Statut a. Such change was :	tes, the a authorize	bove d by	e-named corp the corporat	poration submits this statement for the prioris board of directors. I hereby access	ourpose of	changing it	s registered	
agent. La	arn familiar with and accept the	obligations of,	Section 607.0505, Fl	orida Sta	lutes).	11	/ .		, 0 9,0.0.00	
SIGNATURE	Signature Typedan perducit vince of register							97			
12.			· · · · · · · · · · · · · · · · · · ·		d Age	nt signature requir		DATE	DIDECTOR	C IN 40	
TITLE	D /	O THE OTHER		_	TLE		ADDITIONS/OFFICES TO OFFICE	ZERO AND		Addition	
NAME	CARIS, JAMES S										
STREET ADDRESS 1368 SE 17 ST						ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL 3331	7									
TITLE			DELETE						Change	Addition	
NAME				2 2 N.	AME						
STREET ADDRESS				235	TREET	ADDRESS					
CITY-ST-ZIP				2 4 0	ity - s	ST-ZIP					
TITLE			DELETE						Change	Addition	
NAME				32 N.	AME						
STREET ADDRESS				335	TREET	ADDRESS					
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP	·				
THE			☐ DELETE	4.1 TI	TLE				Change	Addition	
NAME				4. 2 N	IAME						
STREET ADDRESS				435	TREET	address					
CITY: \$1 - ZIP				4.4 C	TY-SI	T - ZIP					
TRILE			DELETE	5.1 TI	TLE				☐ Change	Addition	
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	ADDRESS					
CITY-ST-ZiP				540	TY-\$1	T - ZIP					
TITLE			DELETE "	6.1 TI	TLE			-	Change	Addition	
NAME				62 N	ALAC	1					

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 Riock 12 or Block 13 if changed, or on an attachment with an address.

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR