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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 P94000046878 (2) DOCUMENT # WINGO INTERNATIONAL CORP. Principal Place of Business Mailing Address 222 LAKEVIEW AVE 222 LAKEVIEW AVE DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Date incorporated or Qualified 06/23/1994 2. Principal Place of Business 2a. Mailing Address Applied For

21		26					13-3805950		Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		3.75 Additional Fee Required	
23	City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
24	Zip Country 25	29	Zip Country 30		у	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No				
	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	SCHMIDT, HENRY E JR.			8	Name					
	425 SEABREEZE AVENUE PALM BEACH FL 33480				Street Addre	ress (P.O. Box Number is Not Acceptable)				
				8	3		·			
				8	City			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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. __ DELETE 1.1 TITLE Change Addition SCHMIDT, HENRY E JR. NAME 1.2 NAME 425 SEABREEZE AVENUE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition | TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address?

SIGNATURE:

HENTINE E ESchwelt

FILED

Jan 23 1998 8:00am