

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000082036 (2)

1. Corporation Name
WINGSHIP INC.



Principal Place of Business

Mailing Address

618 US HWY 1 #404
N. PALM BEACH FL 33408

618 US HWY 1 #404
N. PALM BEACH FL 33408

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 450 OCEAN DR.

26 450 OCEAN DR.

4. FEI Number
65-0588458

Applied For
Not Applicable

Suite, Apt. #, etc.
#902

Suite, Apt. #, etc.
#902

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State
23 N. Palm Beach

City & State
28 N. PALM BEACH

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 334082050 25 USA

Zip Country
29 334082050 30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANDAU, ROBERT M
~~618 US HWY 1 #404~~
N. PALM BEACH FL 33408

81 Name LANDAU, Robert
82 Street Address (P.O. Box Number is Not Acceptable)
450 OCEAN DR. #902
83
84 City N. Palm Beach FL 85 Zip Code 33408

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 Robert M Landau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LANDAU, ROBERT M
628 EASTWIND DR.
N. PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GREEN, WILLIAM J
618 US HWY 1 404
N PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TANFIELD, THEODORE JR
618 US HWY 1 404
N PALM BEACH FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TS
ANTHONY, LORRAINE R
628 E WIND DR
N PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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:

Robert M Landau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

407-848-0402

Date

Daytime Phone #

CR2E034 (12/95)