FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
450 OCEAN DR
STE 902
N. PALM BEACH FL 33408-2050
US

Mailing Address
450 OCEAN DR
STE 902
N. PALM BEACH FL 33408-2050
US

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0588458 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LANDAU, ROBERT M
450 OCEAN DR
STE 902
N. PALM BEACH FL 33408

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

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	LANDAU, ROBERT M		1.2 NAME	Greene, William J	
STREET ADDRESS	628 EASTWIND DR.		1.3 STREET ADDRESS	450 Ocean Drive #902	
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CITY-ST-ZIP	N. Palm Beach FL	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GREEN, WILLIAM J		2.2 NAME	Landau, Robert M	
STREET ADDRESS	618 US HWY 1 404		2.3 STREET ADDRESS	628 Eastwind Dr.	
CITY-ST-ZIP	N PALM BEACH FL		2.4 CITY-ST-ZIP	N Palm Beach FL	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	TANFIELD, THEODORE JR		3.2 NAME	Tanfield, Theodore Jr.	
STREET ADDRESS	618 US HWY 1 404		3.3 STREET ADDRESS	450 Ocean Dr #902	
CITY-ST-ZIP	N PALM BEACH FL		3.4 CITY-ST-ZIP	N Palm Beach FL	
TITLE	TS	☐ DELETE	4.1 TITLE	TS	☐ Change ☐ Addition
NAME	ANTHONY, LORRAINE R		4.2 NAME	Anthony Lorraine R	
STREET ADDRESS	628 E WIND DR		4.3 STREET ADDRESS	628 E Wind Dr.	
CITY-ST-ZIP	N PALM BEACH FL		4.4 CITY-ST-ZIP	N. Palm Beach FL	
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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 — 3/3/97 — 561 848 0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002020