FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P94000082036 (2) WINGSHIP INC. Mailing Address Principal Place of Business 450 OCEAN DR 450 OCEAN DR STE 902 STE 902 DO NOT WRITE IN THIS SPACE N. PALM BEACH FL 33408-2050 N. PALM BEACH FL 33408-2050 3. Date Incorporated or Qualified 11/07/1994 2. Principal Place of Business 4. FEI Number 2a. Malling Address Applied For 65-0588458 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 7 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 29 30 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent LANDAU, ROBERT M 450 OCEAN DR Street Address (P.O. Box Number is Not Acceptable) **B2 STE 902** 83 N. PALM BEACH FL 33408 84 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, it am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NO1): Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change □ DELETE 1.1 TITLE TITLE LANDAU, ROBERT M 1.2 NAME NAME **628 EASTWIND DR** 1.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE GREENE, WILLIAM J 2.2 NAME NAME 450 OCEAN DR. #902 2.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change VD 3.1 TITLE TITLE TANFIELD, THEODORE J 3.2 NAME NAME 450 OCEAN DR #902 3.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4 1 THILE TITLE ANTHONY, LORRAINE R 4.2 NAME NAME 628 E WIND DR 4.3 STREET ADDRESS STREET ADDRESS N PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP __ Addition ☐ DELETE TITLE 61 TITLE 6.2 NAME NAME

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 on an attachment with an address.

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP