

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 27 1998 8:00am  
Secretary of State

DOCUMENT # P95000002906 (2)

Corporation Name  
WINGINA, INC.

Principal Place of Business Mailing Address  
7514 briarwood Dr. 7514 Briarwood Dr  
Port Richey, Fl Port Richey, Fl.  
34668 34668

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report 03/27/97
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3396929	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STEEL, LAURENCE A 13907 N DALE MABRY HWY SUITE 208 TAMPA FL 33618	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1-2	
1. NAME STATON, MARVIN W SR. 7514 Briarwood Dr. Port Richey, Fl 34668	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME STATON, MARVIN W JR. 1701 WOODWARD TERR. HUNTINGTON WV 25705	<input type="checkbox"/> DELETE	1.2 NAME	
3. NAME STATON, MYRON S 1407 HALL BLVD. GARNER NC 27529	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. NAME STATON, MICHAEL C 7514 Briarwood Dr. Port Richey, Fl. 34668	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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: Michael C. Staton MICHAEL C. STATON 04/17/98

CR2E034 (9/96)