

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90219 022 ***150.00

DOCUMENT # P95000002906

1. Corporation Name
WINGINA, INC.

Principal Place of Business

7514 BRIARWOOD DR.
PORT RICHEY FL 34668
US

Mailing Address

7514 BRIARWOOD DR.
PORT RICHEY FL 34668
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1995

4. FEI Number
59-3396929

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

STEEL, LAURENCE A
13907 N DALE MABRY HWY
SUITE 206
TAMPA FL 33618

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

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, MARVIN W SR.		1.2 NAME	
STREET ADDRESS	7514 BRIARWOOD DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, MARVIN W JR.		2.2 NAME	
STREET ADDRESS	1701 WOODWARD TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON WV 25705		2.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, MYRON S		3.2 NAME	
STREET ADDRESS	1407 HALL BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	GARNER NC 27529		3.4 CITY-ST-ZIP	
TITLE	TS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STATON, MICHAEL C		4.2 NAME	
STREET ADDRESS	7514 BRIARWOOD DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, without other like empowered.

CR2E034 (11/98)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/1999 727-862-9266
Daytime Phone #