

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000005126 (4)
 1. Corporation Name
WING-N-T. LTD., INC.



Principal Place of Business Mailing Address
1190 IRENE AVE **1190 IRENE AVE**
LARGO FL 34641 **LARGO FL 33771-1214**
US **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4099 13 th Way NE Suite, Apt. #, etc.	26	4099 13 th Way NE Suite, Apt. #, etc.	01/20/1995	01/29/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	ST. Petersburg FL	28	ST. Petersburg FL	59-3295561	Not Applicable
24	33703	29	33703	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	<input type="checkbox"/>	
23		28		6. Election Campaign Financing Trust Fund Contribution	
ST. Petersburg FL		ST. Petersburg FL		<input type="checkbox"/> \$5.00 May Be Added to Fees	
33703		33703		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
USA		USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LICARDE, MARK J 1190 IRENE AVE LARGO FL 34641				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	4099 13 th Way NE		
				84	City	FL	85 Zip Code
					ST. Petersburg		33703

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 *Mark J. Licarde, President* DATE 4-28-97
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICARDE, MARK J	1.2 NAME	MARK J. LICARDE
STREET ADDRESS	1190 IRENE AVE	1.3 STREET ADDRESS	4099 13 th Way NE
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	ST. Petersburg, FL 33703
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICARDE, LINDA L	2.2 NAME	Linda L. Licarde
STREET ADDRESS	1190 IRENE AVE	2.3 STREET ADDRESS	4099 13 th Way NE
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	ST. Petersburg, FL 33703
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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 in an attachment with an address.

SIGNATURE *Mark J. Licarde, President* DATE 4-28-97

CR2E034 (9/96)