FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

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FILED

May 02 1997 8:00am

Secretary of State

Secretary of State

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DIVISION OF CORPORA IONS

DOCUMENT # P95000016084 (2)

WING TELECOMMUNICATION AND TECHNICAL INDUSTRIES, INC.

Principal Place	of Business	Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 18811004 110 18101 9131 88131 90111 09111 80191 11010 01111 85101 18111 0101 1001			
2337 S.W. ARCHER RD.: #1711 GAINESVILLE FL 32808		2337 S.W. ARCHER RD #1711 GAINESVILLE FL 32608-1014							
						3. Date Incorporated or Qualified 02/24/1995		e of Last Re 10/1996	eport
-	ace of Business	2a. Mailing Address	<u> የ " ነ</u>			4. FEI Number 59-3319613	Applied For Not Applicable		
Suite, Apt. i	# atc	26 Suite, Apt. #, etc.	Suite Apt # ele			39-33 190 13		\$8.75	
22	m, 610.	27			5. Certificate of Status Desired		Fee Re		
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added t		
Zip	Country	Zip		intry		8. This corporation has liability for it			. 199.032,
24	25		30			Florida Statutes L 10. Name and Address of New Reg	Yes _		
LAGI	9, Name and Address of Currer	it Hegistereo Agent		81	Name	10. Name and Address of New Her	JISTOTOU A	gent	
VUL	TZ, STEPHEN								
233	7 SW ARCHER RD., APT. 1711 NESVILLE FL 32608				Street Address (P.O. Box Number is Not Acceptable)				
CIVII	AEGVILLE PE 32000			83					
				84	City			85 Zip (Codo
				il	•		FL	'	
office or re	to the provisions of Sections 607.050 ogistered agent, or both, in the State m familiar with, and accept the oblig	∘o' Honda. Such change was a	uthonze	a by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of t the appo	changing it sintment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered again	things in a state that the state of the stat	Donistor		ed a su about 1850	ured when reinstating)	DATE		
12.		D DIRECTORS	13.	o Age	in agristate teq.	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	P	DELETE			T			Change	Addition
NAME	MAHN, INGE	1,2		AME					
STREET ADDRESS	6170 A1 A SOUTH #308		1.3 STREET ADDRESS		ADDRESS				·
CITY-ST-ZIP	ST. AUGUSTINE FL 32084				1 - ZIP				
TITLE	VP	☐ DELETE	2 1 7 17 (8					Change	☐ Addition
NAME				AME					
STREET ADDRESS	A ALIQUICTINE EL GOGGO		1	2 3 STREET ADDRESS 2 4 CHY-S1-ZIP					•
CITY-ST-ZIP TITLE	31. AUGUSTINE PL 32000	DELETE	DELETE 311		S1-ZIP 1			Change	Addition
NAME			32 N		+				
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			3 4. 0	OITY - S	S1-2IP				
TITLE		DELETE	411	ITLE				Change	Addition
NAME			4 2 1	SMAN					
STREET ADDRESS			4 3 S	I REE 1	ADDRESS			÷	
CITY-ST-ZIP		T prieze			1- ZIP			T 01	T 14422
TITLE		[_] DEFEAR	511					Change	Addition
NAME			5.2 N		*DB0165				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	6.1 T		I - ZIP			Change	Addition
NAME			6.2 N						
STREET ADDRESS					ADDRESS				
SINEE! ALVONESS			033	oner t	, KADIR OJ				

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