## 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** 

## DOCUMENT # P95000017108

1. Corporation Name

WING-IT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2401 HOLLYWOOD BLVD	2401 HOLLYWOOD BLVD
HOLLYWOOD FL 33020	HOLLYWOOD FL 33020

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90040 029 \*\*\*150.00



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Principal Place	e of Business	Ma	iling Address	,				יבפי יופי ופוקס נופור יפפטו וופור וסובם ווופס ווופק נווסף וווסף וווס (פופר פוו אמון 18 מיני אין
2401 HOLLYWO	OOD BLVD `	240	1 HOLLYWOOD BLVD					
HOLLYWOOD F			LLYWOOD FL 33020				ļ	
								DO NOT WRITE IN THIS SPACE
							ĺ	3. Date Incorporated or Qualifed 03/01/1995
2. Principal Pl	lace of Business	2a.	Mailing Address				***	4. FEI Number Applied For
21		26					ĺ	65-0560816 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional
22		27						Fee Required
City & State	e		City & State					6. Election Campaign Financing \$5.00 May Be
23		28						Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	ntry	/	J	8. This corporation owes the current year Intangible
24	25	29		30				Personal Property Tax.
	9. Name and Address of Currer	t Regist	ered Agent			_		10. Name and Address of New Registered Agent
VIII 10	ON OTERUENI IR				81	^	lame	
	ON, STEPHEN L JR				82	9	treet Addres	s (P.O. Box Number is Not Acceptable)
	BRICKELL AVE					Έ [	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	1680				83	T		
MAIM	/II FL 33131				84	+	· ·	85 Zip Code
					04	۱,	City	FL  85  Zip Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was a	uthorized	i by	the	arned corpor corporation	ation submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered
SIGNATURE	•		•					
	Signature, typed or printed name of registered age				Agen	nt sig	nature required w	
12.	OFFICERS AN	ID DIREC	DELETE	13.			<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additio
TITLE (	PT .		C) Dereie	1.1 TC			1	Change Cl conno
NAME	SCHINDEL, JAMES	•		1.2 N	-			
STREET ADDRESS	2401 HOLLYWOOD BLVD						DRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		DELETE	1.4 CI		ST-Zli	P	☐ Change ☐ Additio
TITLE	VPS			2.1 TI				☐ Cilailige ☐ Modilio
NAME	KNAAK, MARY F			2.2 N			1	
STREET ADDRESS	10220 MONTEGO BAY DRIVE			2.3 \$7	REET	TAD	DRESS	
CITY-ST-ZIP	MIAMI FL 33189		Chevere	2.4C		ST-ZI	P	Change [Addition
TIME T	;		☐ DELETE	3.1 TT				☐ Change ☐ Addition
NAME				3.2 N				
STREET ADDRESS				1			DRESS	
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TITLE			☐ DELETE	4.1 TI				☐ Change ☐ Additio
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CITY-ST-ZIP				4.4 CI		T-ZI	P	
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NAME	•			5.2 N				
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CITY-ST-ZIP				5.4 CI		T-ZII	P	····
TITLE			□ DELETE	6.1 TT				. Change Additio
NAME	•			6.2 N/	ME		1	
STREET ADDRESS				6.3 \$1	REET	TADI	DRESS	•
CITY-ST-ZIP				6.4 CI	TY-SI	T-ZIF	P	

14. 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 of 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, with all other like empowered.

SIGNATURE:

DEQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR