SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretar of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023745 (9)

FILED Aug 21 1997 8:00am Secretary of State

WING O	BLONDE-D, INC.					
Principal Piac	e of Business	Mailing Address				DIA BIEBA BAN ABA
4591 S.E. HANOVER COURT 4591 S.E. HANOVER COURT STUART FL 34997 STUART FL 34997			RT	DO NOT WRITE	IN THIS SPACE	:
				3. Date Incorporated or Qualified	3a. Date of L	
				03/24/1995	09/25/18	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-350	11-64	Applied For
21		26		APPLIED FOR		Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8	.75 Additional
22 City & State		27		S. Sermicate of Status Besired	F	ee Required
City & State		City & State		6. Election Campaign Financing		5.00 May Be
Zip	Country	Z _{ID}	Country	Trust Fund Contribution	·· ·····	dded to Fees
24	25	29	30	 This corporation owes or has painted the Personal Property Tax due June 	— '	
	9. Name and Address of Current		190	10. Name and Address of New Reg		
KIRK	KHART, DEB		81 Name			
	1 S.E. HANOVER COURT		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
STU	ART FL 34997		OZ SIIGEI AO	Joress (F.O. Box Number is Not Acceptab	ne)	
			83			
			84 City		les	Zip Code
					FL 85	•
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	ies, the above-named co	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of chang	ging its registered
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Fli	orida Statutes.	ration's board of directors. Thereby accep	n the appointme	ani as registered
SIGNATURE						
12	Signature, typed or printed name of registered agon OFFICERS AND		E: Registered Agent signature red		DATE	CTODO INLAD
12. Title	Signature, typed or printed name of registered agen OFFICERS AND	DIRECTORS	13.	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
12. TITLE NAME	PD OFFICERS AND		13. 1.1 TITLE		ERS AND DIRE	CTORS IN 12 lange
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4. 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 rocciver 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 or Glanged, or on an attachment with an address.

CIONATURE.

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