

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 OCT 22 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082860 (4)
1. Corporation Name
FLYERS WINGS & GRILL, INC.
(AMENDED RETURN)

Principal Place of Business Mailing Address
5621 WEST COLONIAL DR. ORLANDO, FL 32808-7613
5621 WEST COLONIAL DR. ORLANDO, FL 32808-7613

3. Date Incorporated or Qualified 10/30/95
3a. Date of Last Report
4. FEI Number 59-3340661
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
MATTIOLI, MILLIE
5621 WEST COLONIAL DRIVE
ORLANDO, FL 32808-7613

10. Name and Address of New Registered Agent
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 *Millie Mattioli* (MILLIE MATTIOLI) 10-15-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MATTIOLI, MILLIE	
STREET ADDRESS	5621 WEST COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/V.	Change	Addition
1.2 NAME	MATTIOLI, MILLIE		
1.3 STREET ADDRESS	5621 WEST COLONIAL DRIVE		
1.4 CITY-ST-ZIP	ORLANDO, FL 32808-7613		
2.1 TITLE	T/S.	Change	Addition
2.2 NAME	MATTIOLI, FRANK		
2.3 STREET ADDRESS	5621 WEST COLONIAL DRIVE		
2.4 CITY-ST-ZIP	ORLANDO, FL 32808-7613		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS	000002328540-- 6		
4.4 CITY-ST-ZIP	-10/23/97--01106--013		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS	*****61.25 *****61.25		
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 on an attachment with an address.

SIGNATURE: *Frank Mattioli* 10-15-97 407/295-9464

CR2E034 (9/96)