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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STA

Sandra B. #2adhanu

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086316 (3)

WING-IT CONCEPTS, INC.

Principal Place of Business

Mailing Address

14896 SOUTHWEST 132ND AVENUE

14896 SOUTHWEST 132ND AVENUE

FILED Feb 27 1998 8:00am Secretary of State



MIAMI FL 3318	70	MIAMI PL 33180		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/09/1995
	ace of Business	28. Mailing Address		4. FEI Number Applied For
21 9401	SW 185 TO	26 4401 SW	185 Ten	65-0632682 Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 MI 141	MIJPIA	28 MIBMI F	19	Trust Fund Contribution L Added to Fees
Zip 33 {	Country	33/57 30	Country	8. This corporation owes or has paid the current year Intangible
24 5018	57 25 USA	'	USA	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current neglistries Agent				
	NN STOLZENBERG		S. Indiana	ick Decloen
	96 SW 132 AVE.		[82] Street Add	dress (P.O. Box Number is Not Acceptable)
MIA	MI FL 33186		83	70/ 8w 173 10C
	•			
	•		B4 City	Irami FL 85 Zip Code
44 Durauant	in the provisions of Sections 60	7 0502 and 607 1508. Florida Statutes, t	he above-named co	rooration submits this statement for the purpose of changing its registered
nition or re	acietorod opent or bolk in the	Stale of Florida, Such change was author	ARIZADI INVIINA CATOATI	ation's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the	obligations of, Section 607.0505, Florida	a Statutes.	2/18/98
SIGNATURE	Signature, typi d or printed name of migrate	reed accord and title if applicabile (NOTE: Rec	gistered Agent signature req	
12.		IS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	PTO Change
NAME	STOLZENBERG, GLENN	s ·	1.2 NAME 6	TOLZENBERG, GIENR
STREET ADDRESS	14896 SOUTHWEST 132		1.3 STREET ADDRESS	9401 6W 185 TOR.
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	MIAMI, F14 33157
TITLE	VSD	DELETE	21 TITLE	Change Additio
NAME	DECKER, RICK W		2.2 NAME	
STREET ADDRESS	14896 SOUTHWEST 132	ND AVENUE	2.3 STREET ADDRESS	
CITY-S1-ZIP	MIAMI FL 33186		2 4 CITY-ST-ZIP	
TITLE		L_I DELETE	3.1 TITLE	Change Additio
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		- Interest	3.4. CITY-ST-ZIP	☐ Change ☐ Additio
TITLE		☐ DELETE	4.1 THTLE	Unanyo C Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
			54 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			6 3 STREET ADDRESS	
CHY-SI-ZIP			6.4 CITY-ST-ZIP	
44 Lhoroby	cortify that the information supp	fied with this filing does not qualify for th	ne exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
l indicated	as this assual report or supple	smootal appual torsoft is true and accurat	to and that my sinna	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in
Block 12	or Block 13 if changed, or on a	in attachment with an address.		506-075
	Q19	In Rick Deckor		2 5 98 305 200 A
SIGNAT	URE: Will War	WILL DESCOR	· · · · · · · · · · · · · · · · · · ·	010110 00 3017