

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 # P95000091556

1. Corporation Name
WINGS ONLINE, INC.

Principal Place of Business
1090 SE 6TH AVE - DELETE
DANIA FL 33004-5411

Mailing Address
1090 SE 6TH AVE - DELETE
DANIA FL 33004-5411

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90308 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

65-0626086

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 750 S.W. 34th Street
Suite, Apt. #, etc.

2a. Mailing Address

26 750 S.W. 34th Street
Suite, Apt. #, etc.

22 Suite 102
City & State

27 Suite 102
City & State

23 Ft. Lauderdale, FL
Zip Country

28 Ft. Lauderdale, FL
Zip Country

24 33315 25 USA

29 33315 30 USA

9. Name and Address of Current Registered Agent

SABRA, RICHARD B - DELETE
1946 TYLER ST
HOLLYWOOD FL 33022

10. Name and Address of New Registered Agent

81 Name Rebecca J. Del Medico, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
14 Tara Lakes Drive East

83

84 City Boynton Beach FL 85 Zip Code 33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-30-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME JON B FUDGE
STREET ADDRESS 1090 SE 6TH AVENUE
CITY-ST-ZIP DANIA FL ☒ DELETE

TITLE S
NAME SHARON L. FUDGE
STREET ADDRESS 1090 S.E. 6TH AVENUE
CITY-ST-ZIP DANIA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

CEO/TREAS/DIRECTOR ☐ Change ☒ Addition
Camilo Pereira
2999 NE 191st Street/PH8
Aventura, FL 33180

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PRES/SEC/DIRECTOR ☐ Change ☒ Addition
Maxine Pereira
2999 NE 191st Street/PH8
Aventura, FL 33180

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OFC - 305-935-1080 - 3-30-99

CR2E034 (11/98)