

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000030121 (3)**

1. Corporation Name
WINGS 'N' ALE, INC.

Principal Place of Business

Mailing Address

**6467 NW 89TH AVE
PARKLAND FL 33076**

**6467 NW 89TH AVE
PARKLAND FL 33076-2335**

APPROVED
AND
FILED

1997 JUN 30 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21 4685 N. UNIVERSITY DR	26 4685 N. UNIVERSITY DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State C.S. FLA	28 City & State CONAL SPRINGS FLA 33067
24 Zip 33067	29 Zip 33067
25 Country FLA	30 Country FLA

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1996	
4. FET Number	Applied For
65-0667612	Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
7. Trust Fund Contribution	☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
10. Name and Address of New Registered Agent	

**MASSETTI, JAMES
6467 NW 89TH AVE
PARKLAND FL 33076**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	MASSETTI, JAMES	
STREET ADDRESS	6467 NW 89TH AVE	
CITY-ST-ZIP	PARKLAND FL 33076	
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	
☐ Change	☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200002230662-3
-07/03/97-01130-015
*****165.00 ***165.00**

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

CR2E034 (9/96)