2/7/97 13 36 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Mailing Address
2665 DRIFTWOOD DRIVE

DOCUMENT # P96000066925 (4)

WINGS SERVICES INC.

Principal Place of Business

2665 DRIFTWOOD DRIVE

TITUSVILLE FL	32780	TITUSVILLE FL 32780-591	2							
						3. Date Incorporated or Qualified 08/08/1996	3a. Da	te of Last F	Report	
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21		26			59-3396931			lot Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired		
City & State)	City & State	City & State			Election Campaign Financing Trust Fund Contribution	, a mm			
Zip	Country	Zip	Cour	ntry	***************************************	8. This corporation has liability for i	ntangible	tax under	s. 199.032,	
24	25	29	30				Yes [•	
	9. Name and Address of Currer	nt Registered Agent		r		10. Name and Address of New Re	gistered /	Agent		
WHIT	iley, sandra j			81	Name				:	
2865	DRIFTWOOD DRIVE		ŀ	82	Street /	Address (P.O. Box Number is Not Acceptab	ie)			
TITU	SVILLE FL 32780		}	83						
				84	City			es 7in	Code	
				*	City		FL	85 Zip	Code .	
office or ri agent. I ai	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	eof Etorida. Such change was	authorized	lbv	the corp	corporation submits this statement for the poration's board of directors. I hereby acception	eurpose of ot the app	changing ointment as	its registered s registered	
SIGNATURE.	Stgratim, typed or printed name of registered agr	ent and title if applicable (NC	TE: Registered	Ager	ni signature	required when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		RS IN 12	
TITLE		DELETE	1.1 TIT	LE:		PITISID		Change	Addition	
NAME			1.2 NA			Sandra J Whitler 2665 Drift wood	k _			
STREET ADDRESS				13 STREET ADDRESS 4		2665 Brittwood	770	ก		
CITY-ST-ZIP		DELETE	1.4 Cf1		r-ZIP	Titusville, FL 3	3 / 82	Change	Addition	
TITLE		☐ DECETE	21 737					Change	radiiion	
NAME			22 NA		*********					
STREET ADDRESS					ADDRESS	**				
CITY-ST-ZIP TITLE		DELETE	2 4 CI 3.1 TIT		11-21			Change	Addition	
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			3.4. CI							
TITLE		DELETE	4.1 TIT					Change	☐ Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 ST	REET.	ADDRESS					
CITY-S1-ZIP			4.4 CI	[Y-\$]	T-ZIP					
7 TLE		☐ DELETE	5.1 TIT	LE				Change	☐ Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY - ST - ZIP			5.4 CI	[Y - S]	T-ZIP					
TITLE		DELETE	6.1 TiT	LE				☐ Change	Addition	
NAME			6.2 NA	ME					-	
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CiTY-ST-ZiP			6.4 CI	ry-s	T-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.