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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000097694 (9)

1. Corporation Name
WING-IT ENTERPRISES TOO, INC.



Principal Place of Business
2401 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address
2401 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020-6605

3. Date Incorporated or Qualified 11/27/1996	3a. Date of Last Report N/A
4. FEI Number 65-0711146	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

VINSON, STEPHEN L JR
MADISON CIRCLE THIRD FLOOR
3191 CORAL WAY
MIAMI FL FL331-45

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/T
NAME	SCHINDEL, JAMES	1.2 NAME	James Schindel
STREET ADDRESS	2401 HOLLYWOOD BLVD.	1.3 STREET ADDRESS	2401 Hollywood Blvd.
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D	2.1 TITLE	V P/S
NAME	KNAK, MARY	2.2 NAME	Mary Knaak
STREET ADDRESS	2401 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	2401 Hollywood Blvd.
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Hollywood FL 33020
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 954-921-4292
Date Daytime Phone: 0001720

CR2E034 (9/96)