

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000078031 (6)

1. Corporation Name

WHITEWING DISTRIBUTION, INC.



Principal Place of Business

1401 S.W. 8TH STREET
POMPANO BEACH FL 33069

Mailing Address

1401 S.W. 8TH STREET
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

65-0782695

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5535 B NW 35TH Ave
Suite, Apt. #, etc.

22 City & State

23 FT. LAUDERDALE, FLA
Zip Country

24 33309 25 USA

2a. Mailing Address

26 5535 B NW 35TH Ave.
Suite, Apt. #, etc.

27 City & State

28 FT. LAUDERDALE, FLA
Zip Country

29 33309 30 USA

9. Name and Address of Current Registered Agent

EVANSEN, MARK
1401 S.W. 8TH STREET
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name EVANSEN, Mark

82 Street Address (P.O. Box Number is Not Acceptable)
5535 B NW 35TH Ave.

83

84 City FT. LAUDERDALE, FL 85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0507 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

12. OFFICERS AND DIRECTORS

TITLE D
NAME EVANSEN, MARK
STREET ADDRESS 1401 S.W. 8TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ DELETE

TITLE D
NAME EVANSEN, STEPHANIE
STREET ADDRESS 1401 S.W. 8TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ 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 D ☒ Change ☐ Addition
1.2 NAME EVANSEN, Mark
1.3 STREET ADDRESS 5535 B NW 35TH Ave.
1.4 CITY-ST-ZIP FT. LAUDERDALE, FLA 33309

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME EVANSEN, Stephanie
2.3 STREET ADDRESS 5535 B NW 35TH Ave.
2.4 CITY-ST-ZIP FT. LAUDERDALE, FLA 33309

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

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

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

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

14. I 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: Stephanie Evansen

Stephanie Evansen 4/21/98

954 731-6009

CR2E034 (10/97)