

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 # P98000003930

1. Corporation Name

WINGS PLUS OF NORTH LAUDERDALE, INC.

Principal Place of Business

Mailing Address

7210 W. McNab Road  
North Lauderdale, Florida 33068

99 SEP 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
1/12/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

65-0817207

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

23. City & State

27. City & State

24. Zip

28. Zip

25. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARD C. ENTIN, ESQ.  
4300 N. University Drive  
Suite D-202  
Ft. Lauderdale, Florida 33351

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

4300 N. University Drive  
Suite D-202

84. City

Ft. Lauderdale

FL

85. Zip Code

33351

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Roger Loughney	
STREET ADDRESS	7210 W. McNab Road	
CITY-ST-ZIP	North Lauderdale, Fl. 33068	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Madeline Loughney	
STREET ADDRESS	7210 W. McNab Road	
CITY-ST-ZIP	North Lauderdale, Florida 33068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700003009307-7
1.4 CITY-ST-ZIP	-10/08/99-01006-006
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****150.00 ****150.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

*Roger Loughney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROGER LOUGHNEY.

Pres

9/29/99

954-722-7878

Date

Daytime Phone #

CR2E034 (1/98)

LAW OFFICES OF

RICHARD C. ENTIN

TEL: (954) 746-0000  
FAX: (954) 746-0003  
E-MAIL: rce048@aol.com

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September 24, 1999

Secretary of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Wings Plus of North Lauderdale, Inc.

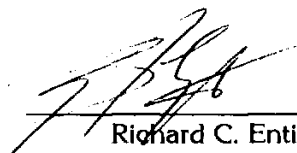
Gentlemen:

Enclosed herewith please find my Trust Check in the amount of \$150.00 together with the Annual Report for Wings Plus of North Lauderdale, Inc.

Pursuant to a telephone conversation with your office, my client never received the Annual Report due to the fact that the address was incorrect. We are enclosing an Affidavit from my clients' principal to that effect.

If you have any questions, please do not hesitate to contact my office. Thank you for your cooperation.

Very truly yours,

  
Richard C. Entin

RCE/e  
Encls.