

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90042 047 ***163.75

DOCUMENT # **P98000055332**

1. Corporation Name

WINGSHIP FLSW, INC.

Principal Place of Business

450 Ocean Dr # 902
N Palm Beach, FL 33408-2050

Mailing Address

450 Ocean Dr # 902
N Palm Beach, FL 33408-2050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JUNE 22 1998

4. FEI Number

65-0845967 ✓

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

3 City & State

27 City & State

4 Zip Country

28 Zip Country

25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mr. Robert Landau
450 Ocean Dr # 902
N Palm Beach, FL 33408-2050

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

Robert M Landau

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 ☐ DELETE
NAME Landau, Robert
STREET ADDRESS 450 Ocean Dr # 902
CITY-ST-ZIP N Palm Beach, FL 33408-2050

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Gorman, Rob
STREET ADDRESS 450 Ocean Dr # 902
CITY-ST-ZIP N Palm Beach, FL 33408-2050

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Tanfield, Theodore, Jr.
STREET ADDRESS 450 Ocean Dr # 902
CITY-ST-ZIP N Palm Beach, FL 33408-2050

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Anthony, Lorraine R.
STREET ADDRESS 450 Ocean Dr # 902
CITY-ST-ZIP N Palm Beach, FL 33408-2050

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Robert M Landau

Robert M Landau

4/24/99 361-8480402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Print the Name

CR2E034 (1/98)