PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P988000 55337 1. Corporation Name WINGSHIP FLSW, INC

May 13, 1999 8:00 am Secretary of State

05-13-1999 90042 047 ***163.75

Principal Plag	e of Business	Ма	ling Address							
450 Ocean Dr # 902 N Palm Beach, FL 33408-2050			450 Ocean Dr # 902 N Palm Beach, FL 33408-2050				DO	NOT WRITE IN T	HIS SPACE	
N Pain Beach, PL 33408-2030		1					3. Date Incorporated or Qualifed 22 1998			
	lace of Business	2a.	Mailing Addre	S 5			4 CEL Number		<i>-</i>	Applied For
ī] <u></u>		26					65-084	5961		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #. 6	etc			5. Certificate of Status	Desired 🌋		Additional - Required
		27	City & State				6. Election Campaign I			0 мау Ве
City & Stat	е	28	City of State				Trust Fund Contribu	2.1		to Fees
Zip	Country		Zip		Country		8. This corporation ow	es the current year	Intangible	
i .	25	29		30)		Personal Property T	ax.	☐ Yes	Z/No
	9. Name and Address of Current	t Regist	ered Agent				10. Name and Address	of New Register	ed Agent	
					81	Name				
	Mr. Robert Landau				82	Street A	ddress (P.O. Box Number is N	ot Acceptable)		
	450 Ocean Dr # 902				-					
	N Palm Beach, FL 33408-2050				83					
					84	City			85 Ziç	Code
SIGNATURE	Trobert	m	1 a a	വാവി (2 1 1					
	Signature, typed or printed name of registered agent					i signature rec	uired when reinstating)	DATE	AND DIRECT	ORS IN 12
	OFFICERS AN		CTORS	(NOTE: Re	13.	it signature rec	ADDITIONS/CHANG			
IZ.	D OFFICERS AND			(NOTE: Re	13.	il signature req	uured when reinstating) ADDITIONS/CHANG		AND DIRECT	
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14: I hereby certify that the information supplied with this filling 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.

Robert Mlandau