

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V29122

(1)

1. Corporation Name

ATLANTIC WINGS INCORPORATED



Principal Place of Business

BLDG 406 ANNEX
OPALOCKA AIRPORT
OPALOCKA FL 33054

Mailing Address

BLDG 406 ANNEX
OPALOCKA AIRPORT
OPALOCKA FL 33054

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/15/1992

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0324846

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes

No

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

Signature, typed or printed name of registered agent and title if any (24)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TD
PITTER, CARL S.
7308 W ATLANTIC BLVD
MARGATE FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

VD
GAITOR, NEAL
BLDG 406 ANNEX OPALOCKA
OPALOCKA FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P
TURNER, ERIC L.
BLDG 406 ANNEX OPALOCKA
OPALOCKA FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

S
TURNER, LINNETTE
BLDG 406 ANNEX OPALOCKA
OPALOCKA FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eric L. TURNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

DATE

Dayton & Pritchard

CR2E034 (12/95)