

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 # **S34107** (0)
1. Corporation Name
PRECIOUS WINGS CORP.



Principal Place of Business: **551 SILVER LANE BOCA RATON FL 33432 US**
Mailing Address: **551 SILVER LANE BOCA RATON FL 33432 US**

3. Date Incorporated or Qualified: **02/21/1991**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0245026**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 35 PAR FOUR DR**
22 Suite, Apt. #, etc.
23 City & State: **AUBURN ME**
24 Zip: **04210** 25 Country
2a. Mailing Address: **26 35 PAR FOUR DR**
27 Suite, Apt. #, etc.
28 City & State: **AUBURN ME**
29 Zip: **04210** 30 Country

9. Name and Address of Current Registered Agent: **ROHL, DOUGLAS A. 551 SILVER LANE BOCA RATON FL 33432**

10. Name and Address of New Registered Agent:
81 Name: **MS MARGARET BROWN**
82 Street Address (P.O. Box Number is Not Acceptable): **1000 NW 1ST AVENUE**
83
84 City: **BOCA RATON** FL 85 Zip Code: **33432**

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]* DATE: **April 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPST	<input type="checkbox"/> DELETE	1.1 TITLE: DPST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POHL, DOUGLAS A.		1.2 NAME: POHL, DOUGLAS A.	
STREET ADDRESS: 551 SILVER LN		1.3 STREET ADDRESS: 35 PAR FOUR DR	
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP: AUBURN, ME 04210	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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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: *[Signature]* DATE: **3/11/96** 207 777-6256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (12/95)