FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32684

WINNER PROPERTIES, INC.

22

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Zip

City & State

1999 🕝

Principal Place of Business

Mailing Address

WILLIAM R. WINNER. SR.
1611-C NORTH COCOA BLVD
COCOA FL 32922

COCOA FL 32922

2. Principal Place of Business

2a. Mailing Address

2b. Suite, Apt. #, etc.

Suite, Apt. #, etc.

9. Name and Address of Current Registered Agent

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City & State

Zin

WINNER, WILLIAM R., SR. 1611-C NORTH COCOA BLVD

Country

FILED
Apr 20, 1999 8:00 am
Secretary of State
V

04-20-1999 90111 021 ***150.00



DO NOT WRITE IN THIS SPACE

П

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

ДNo

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

09/10/1986 4. FEI Number

59-2734356

COCOA FL 32922			83			
			84	City	FL 85 Zip C	Code
	10 11 007 0500	CO7 4600 Florida Statuta	the shore	namad :	corporation submits this statement for the purpose of changing its	registered
office or rea	o the provisions of Sections 607,0502 and gistered agent, or both, in the State of Floi a familiar with, and accept the obligations of the control of the control of the provisions of the provisions of the provisions of Sections 607,0502.	ida. Such change was aut	horized by	the corpo	cation's board of directors. I hereby accept the appointment as reg	gistered
SIGNATURE S	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE: R	legistered Agen	t signature re	quired when reinstating) DATE	
12.	OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE ST. SALES	Primary and the	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	WINNER, WILLIAM, R., SR.		1.2 NAME			
STREET ADDRESS	1611-C NORTH COCOA BLVD		1.3 STREET ADDRESS			!
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	WINNER, LORA M.		2.2 NAME			
STREET ADDRESS	1611-C NORTH COCOA BLVD		2.3 STREET ADDRESS			1
CITY-ST-ZIP	COCOA FL		2.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	r-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-8	r-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CMY+S1		in Section 119.07(3)(i). Florida Statutes, I further certify that the in	

Country

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1a. I nereby certify that the information supplied with this riling does not quality for the exemption stated in Section 119.07(3)(1), 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 ampowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99 401-636-1973

R2F034 (11/98)