

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED F
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

99 FEB 22 PH 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
WINMAX S & P 500 FUND, L.P.

1a. DOCUMENT #
B97000000118

Mailing Address 429 SEABREEZE BLVD., #227 FT LAUDERDALE FL 33316		Principal Office Address 429 SEABREEZE BLVD., #227 FT LAUDERDALE FL 33316	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		

3. Date Formed or Registered 02/27/1997	5a. Capital Contributions as Shown on record \$50,000.00
3a. Date of Last Report 10/02/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation DE	
6. FEI Number 65-0743983	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent FISCHER-MORATIS, DEBORAH ESQUIRE 2929 E. COMMERCIAL BLVD., STE 701 FT LAUDERDALE FL 33308	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) WINMAX TRADING GROUP, INC.,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 429 SEABREEZE BLVD.,	11b. City, State & Zip Code FT LAUDERDALE FL 3331	11c. Registration/Document Number P96000080423
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Ralph Pistor* DATE 12/28/1998
Typed or Printed Name of General Partner Signing Form RALPH PISTOR Daytime Telephone Number (954) 763-5588

CR2E003 (8/98)