

9-9-98 B 8272 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000003001 (2)

1. Corporation Name

WINK, INCORPORATED



Principal Place of Business
4949 BULLARD AVE.
NEW ORLEANS LA 70128

Mailing Address
4949 BULLARD AVE.
NEW ORLEANS LA 70128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

72-0697665

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ACCURATE FILING & SEARCH SERVICES, INC.
3424-18 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32311

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WINK, LARRY D
STREET ADDRESS 4949 BULLARD AVE.
CITY-ST-ZIP NEW ORLEANS LA 70128

TITLE SD ☐ DELETE

NAME WINK VIGNES, MICHELE
STREET ADDRESS 4949 BULLARD AVE.
CITY-ST-ZIP NEW ORLEANS LA 70128

TITLE VD ☐ DELETE

NAME WINK, KENNETH J
STREET ADDRESS 4949 BULLARD AVE.
CITY-ST-ZIP NEW ORLEANS LA 70128

TITLE TD ☐ DELETE

NAME WINK, ANN S
STREET ADDRESS 4949 BULLARD AVE.
CITY-ST-ZIP NEW ORLEANS LA 70128

TITLE DC ☐ DELETE

NAME WINK, JOSEPH C JR
STREET ADDRESS 4949 BULLARD AVE.
CITY-ST-ZIP NEW ORLEANS LA 70128

TITLE D ☐ DELETE

NAME WINK, JOSEPH C III
STREET ADDRESS 4949 BULLARD AVE.
CITY-ST-ZIP NEW ORLEANS LA 70128

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☐ Change ☒ Addition

1.2 NAME WINK, MICHAEL H.
1.3 STREET ADDRESS 4949 BULLARD AVE.
1.4 CITY-ST-ZIP NEW ORLEANS, LA 70128

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME RYAN, TIM
2.3 STREET ADDRESS 4949 BULLARD AVE.
2.4 CITY-ST-ZIP NEW ORLEANS, LA 70128

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Michael H. Wink* REQUIRED

9-1-98 504-243 4652

CR2E034 (5/98)