

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90107 002 ***150.00

DOCUMENT # F96000003001

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME KONECHNE, CHUCK
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 V/D ☐ Change ☒ Addition

3.2 NAME WINK, MICHAEL
3.3 STREET ADDRESS 4949 BULLARD AVE.
3.4 CITY-ST-ZIP NEW ORLEANS, LA 70128

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, with all other like empowered.

SIGNATURE: *Michael Wink* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0941771