FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION 'ANNUAL REPORT

1996



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

P93000017403 (5) DOCUMENT #

1. Corporation Name

WINNING CIRCLE CORP.

Mailing Address Principal Place of Business

2425 NE 195TH ST NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

SIGNATURE:

Suite, Apt. #, etc.

City & State

21

22

2425 NE 195TH ST NORTH MIAMI BEACH FL 33180

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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15 15	to all water	4 mm

3. Date Incorporated or Qualified

65-0397346

5. Certificate of Status Desired

6. En ction Campaign Financing

Grant Frant Contribution

03/04/1993

4. FEI Number

3a. Date of Last Report

05/01/1995

Applied For

Not Applicable

\$8,75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Daytime Phone #

0203826

3		28				First Frant Contribution		Added	
Zip	Country	Zip	Cc	ountry		B. This corporation has liability	for intangible ta	x under s 1	99.032,
- ¬, `	25	29	30				Yes No		
4	9. Name and Address of Curre			Ι.		10. Name and Address of Ne	w Registered	Agent	
				81	Name				
14.00PV	0400011			82	Street Addio	ess (P.O. Box Number is Not Acce	ptable)		
	, SASSON				O (1001110011				
2425 NE	195TH ST			83					
NORTH	MIAMI BEACH FL 33180			84	City			85 Zip	Code
				1 1			FL	<u> </u>	
or registere familiar with	o the provisions of Sections 607.050 od agent, or both, in the State of Flo n, and accept the obligations of, Sec		Statutes.					anging its re registered	gistered offic agent. I am
SIGNATURE	signature, typied or printed name of registered age	ent and the if applicable			a adumina tedina	d when ministrated) ALIDITE INS CHANGES TO	DATE CLEUCILIZAÇÃO	1 1 1 d	e 101 3
12.		ND DIRECTORS	1:			ADDITIONS CHANGES TO		Gnarbe	TIT Aboution
TITLE	D	□ D6	1	1 TITLE			18/960	1023	ñ23
NAME	JACOBY, SASSON		1	2 NAME	1	#### ####	225.00	****	25.00
STREET ADDRESS	2425 NE 195TH ST		1.	3 STREET	ADDRESS	4.4.4.	Fragulation at November		
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NAME			2	2 NAME					
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NAME			14	1.2 NAME					
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STREET ADDRESS				5 3 STREE	et address	(A))(()			
				5.4 CITY	- ST - ZIP	XIII		— 05-4	C) Addison
CITY-ST-ZIP TITLE	 		DELETE	6. 1 TITLE	E	Mari		Change	Addition
NAME			l	6.2 NAME	E	U\\			
STREET ADDRESS	1		l l	6.3 STRE	ET ADORESS				
				6 4 CITY	- \$1 - <i>Z</i> IP		110 07200	Todde Otal	doc I further
14. I do herel	by certify that the information supplied the information indicated on this a	ed with this filing is vol	untarily furnished	and do	oes not quality	y for the exemption stated in Section Trate and that my signature shall ha	on 119.07(3)(k). I we the same leg	al effect as	ites. Fluriner if made under
certify that	at the information indicated on this a t Lam an officer or director of the co in Block 12 or Block 13 if changed.	propretion or the receiv	er or trustee emp	owered	d to execute	this report as required by Chapter	507, Florida Stat	utes; and th	iat my name