

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000030228 (9)

1. Corporation Name
WINNER'S CIRCLE INCENTIVE PROGRAM, INC.

Principal Place of Business 4001 S OCEAN DR S 10B HOLLYWOOD FL 33019 US	Mailing Address 4001 SOUTH OCEAN DRIVE SUITE 10B HOLLYWOOD FL 33019 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

4. FEI Number

65-0406986

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 2730 NW 29 TERRACE Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE, FL Zip 24 33311 Country 25 US	2a. Mailing Address 26 2730 NW 29 TERRACE Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE, FL Zip 29 33311 Country 30 U.S.
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9. Name and Address of Current Registered Agent

WOLFE, DAVID M
4001 SOUTH OCEAN DRIVE
SUITE 10B
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name LEGAL INFORMATION SERVICES INC	82 Street Address (P.O. Box Number is Not Acceptable) 1290 WESTON ROAD	83 SUITE 300	84 City WESTON	85 FL	86 Zip Code 33326
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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, for 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

David Wolfe President

3/5/98

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	P	1.1 TITLE	P/V/T/S
NAME	WOLFE, DAVID M	1.2 NAME	
STREET ADDRESS	4001 S OCEAN DR S-10B	1.3 STREET ADDRESS	2730 NW 29 TERRACE
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

David Wolfe

3/5/98 (954)717-0355

Signature typed or printed name of signing officer or director

Date Daytime Phone # 0150459

CFR2034 (10/97)