

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000038781 (9)  
1. Corporation Name

WINNER'S CHOICE AWARDS, INC.



Principal Place of Business: 1011 S.E. 47TH TERRACE CAPE CORAL FL 33904  
Mailing Address: 1011 S.E. 47TH TERRACE CAPE CORAL FL 33904

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1339 SE 47th Terr	26	1339 SE 47th Terr.	06/01/1993	04/19/1995
Suite, Apt #, etc.		Suite Apt #, etc.		4. FEI Number	Applied For
				65-0414911	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Cape Coral, FL	28	Cape Coral, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
33904	County	33904	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELUCCA, FRANK D. 1011 S.E. 47TH TERRACE CAPE CORAL FL 33904				81	Name	Frank D. Delucca	
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83		1339 SE 47th Terr.	
				84	City	Cape Coral	85
					State	FL	Zip Code
							33904

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: *Frank D. Delucca* 7/26/96  
Signature of person named in this report as 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	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCA, FRANK D	1.2 NAME	
STREET ADDRESS	1011 S.E. 47TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33904	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCCA, AMY R	2.2 NAME	
STREET ADDRESS	1011 S.E. 47TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33904	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank D. Delucca* 7/26/96 941-549-8772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE) (TELEPHONE)

CR2E034 (3/96)