

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

DOCUMENT # **P94000091421 (5)**

1. Corporation Name

WINNERS EXPRESS, INC.



Principal Place of Business

**314 PINE LANE
CLEWISTON FL 33440**

Mailing Address

**314 PINE LANE
CLEWISTON FL 33440**

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0549194

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILINGS INC.
3732 N.W. 18TH ST.
FT LAUDERDALE FL 33311**

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 (trustee of registered agent and the filer only)

(If filer is Registered Agent Signature required when filing change)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CONWAY, SHERRY L**
STREET ADDRESS **314 PINE LANE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☐ Change ☐ Addition
2 STREET ADDRESS
3 CITY-ST-ZIP

2 NAME ☐ Change ☐ Addition
3 STREET ADDRESS
4 CITY-ST-ZIP

3 NAME ☐ Change ☐ Addition
4 STREET ADDRESS
5 CITY-ST-ZIP

4 NAME ☐ Change ☐ Addition
5 STREET ADDRESS
6 CITY-ST-ZIP

5 NAME ☐ Change ☐ Addition
6 STREET ADDRESS
7 CITY-ST-ZIP

6 NAME ☐ Change ☐ Addition
7 STREET ADDRESS
8 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 119.07(3)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sherry Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96

941-983-4499

CR2E034 (12/95)