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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077546 (6)

FILED May 01 1998 8:00am Secretary of State

WIN-WI	n Marketing, Inc.				
Principal Place	e of Business	Mailing Address			TOTAL SECTION CARRIES STATE FOR
4861 LIVINGSTON DRIVE		4861 LIVINGSTON DRIVE		}	
PENSACOLA FL 32504		PENSACOLA FL 32504			
ļ				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
9 Principal D	Name of Business	I On Maridian Andrews		09/27/1995 4. FEI Number	
	lace of Business	2e. Mailing Address		59-3338561	Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25		90	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
	HARDSON, JAMES A		81 Name		
4861 LIVINGSTON DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PEN	NSACOLA FL 32504		<u> </u>	·	
			83		İ
			84 City		85 Zip Code
<u></u>				F	
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.					
øgent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes.		,
SIGNATURE					
12.	Signature, typed or proted name of registered ag	ND DIRECTORS (NOTE:	Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/OFFARGES TO OFFIGERS A	Change Addition
NAME	RICHARDSON, JAMES A		1.2 NAME		
STREET ADDRESS	4861 LIVINGSTON DRIVE		1.3 STREET ADORESS		
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY-ST-ZIP		i
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-ST-ZIP			2.4 CITY-ST-ZIP		
TATLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	satiful that the information according	the self diland days not a left for	6.4 CITY-ST-ZIP	Section 110 07/3Vi) Florida Statutes further	and for that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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: Dom

a Kuchardson

4-23-90

850-478.6538