

**FILED**

06-05-2000 90039 048 \*\*\*150.00

### 1. Entity Name

**WINNING INFORMATION NETWORK, INC.**

Principal Place of Business	Mailing Address
SWEETWATER DUPLICAT BRIDGE <del>2200 GRADES CLUB</del> BOCA RATON FL 33433 US	P.O. BOX 924 BOCA RATON FL 33429-0924 US

2. Principal Place of Business 10098 42 <sup>ND</sup> Dr. S. Suite, Apt. #, etc. 124	3. Mailing Address  Suite, Apt. #, etc.
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City & State BOYNTON BEACH, FL.		City & State	
Zip 33436	Country	Zip	Country

4. FEI Number	65-0631162	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>KOGUT, S D</b> <b>10098 42ND DRIVE SOUTH</b> <b>BOYNTON BEACH FL 33436</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE S. D. Kogut S. D. Kogut 5-30-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P KOGUT, S D</b> <b>10098 42ND DRIVE SOUTH</b> <b>BYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* S. D. KOGUT 5-30-00 561-338-2995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #