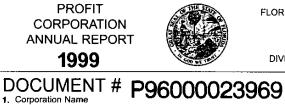
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

WINNING TOUCH PUBLISHING, CO.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90031 006 ***150.00

Principal Place of Business Mailing Address										
600 NE 36TH :	STREET	P.O. BOX 398537						-		
PH 9 MIAMI BEACH FL 33239 MIAMI FL 33137								DO NOT WRITE IN THE	SOACE	
US							1	Date Incorporated or Qualifed	3 OF AGE	
							1	03/15/1996		
Principal Place of Business 2a. Mailing Address				· · · · · · · · · · · · · · · · · · ·				FEI Number	11	Applied For
21 26			<i>y</i>					65-0650743		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							+	95 0050745		Additional
22							5.	Certifcate of Status Desired		Required ~
City & State City & State							6	Election Campaign Financing		May Be
23								Trust Fund Contribution	•	d to Fees
Zip Country Zip			Country				+	This corporation owes the current year Ir		
24	25			30				Personal Property Tax.	Yes	₽No
	9. Name and Address of Curre	nt Registered Agent	<u> </u>	_				Name and Address of New Registered	Agent	
				81	Nai	ne		·		
	GERS, THOMAS E				C+-	- 4 4 1 1	(D	O Bouth and a secondary	•	
600 NE 36TH STREET			Į	82	Sin	et Addre	ess (P.	O. Box Number is Not Acceptable)		
#PH	-		ŀ	83						
MIAI	WI FL 33137		1	_				-		
				84	City	<i>'</i>		FL	85 Zip	Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was a	authorized	by t	the o	ned corpo orporation	oration n's boa	n submits this statement for the purpose o lard of directors. I hereby accept the appo	f changing i intment as i	ts registered registered
	Signature, typed or printed name of registered ag-		E: Registered A	\gent	t signat	ure required	when re	einstating) DATE		
12.		ND DIRECTORS	13.				Α	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PODOEDO TUOMO E	☐ OELETE	1.1 TITL						Change	e 🔲 Addition
NAME	RODGERS, THOMAS E		1.2 NAME							
STREET ADDRESS	600 NE 36TH STREET, PH-9		1.3 STR	EET.	ADDRE	ESS				
CITY-ST-ZIP	IIAMI FL 33137-3952		1.4 CIT	1.4 CITY-ST-ZIP						
TITLE		☐ DELETE 2.		2.1 TITLE				☐ Change	Addition	
NAME			2.2 NAA	Æ						
STREET ADDRESS			2.3 STR	EET	ADORE	:ss		1		
CITY-ST-ZIP			2. 4 CIT	Y-ST	T-ZIP			e e e e e e e e e e e e	-	
TITLE		☐ DELETE	3.1 TITL	E					☐ Change	Addition
NAME			3.2 NAM	1E						
STREET ADDRESS			3.3 STR	EET	ADDRE	ss				
CITY-\$T-ZIP			3.4. CIT	Y-ST	T-ZIP					
TITLE		☐ DELETE	4.1 TITL	E					☐ Change	Addition
NAME			4. 2 NA	ИE						
STREET ADDRESS			4.3 STREET ADDRESS		ss					
CITY-ST-ZIP			4.4 CITY	′-ST-	-ZIP					ł
TITLE		☐ DELETE	5.1 TITL	E					Change	Addition
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STR	EET/	ADDRE	ss				
CITY-ST-ZIP			5.4 CITY	-ST-	-ZtP					ĺ
TITLE		☐ DELETE	6.1 TITL	E			-		Change	☐ Addition
NAME			6.2 NAM	E		ŀ		•		İ
STREET ADDRESS			6.3 STR	EET/	ADORE	ss				

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, with pall other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Feb 2,1999 305-576-4110