

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000029356 (7)
1. Corporation Name
THE WINNING COMBINATION, INC.



Principal Place of Business
1942 E VUINE ST #397
KISSIMMEE FL 34744
4110 Citrus St.
Kissimmee, FL
34746

Mailing Address
1342 E VUINE ST #397
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4110 Citrus St. Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34746 Country 25 USA		2a. Mailing Address 26 1342 E. Vine St. Suite, Apt. #, etc. 27 #397 City & State 28 Kissimmee, FL Zip 29 34744 Country 30 USA		3. Date Incorporated or Qualified 03/31/1997	
		4. FEI Number 59-3371183		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WAKEFIELD, S. CRAIG 1400 W OAK ST SUITE A KISSIMMEE FL 34741				10. Name and Address of New Registered Agent 81 Name Sandra S. Winters 82 Street Address (P.O. Box Number is Not Acceptable) 1342 E. Vine St. #397 83 84 City Kissimmee FL 85 Zip Code 34744			
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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 Sandra S. Winters Sandra S. Winters
Signature typed or printed name of 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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINTERS, SANDRA S			1.2 NAME			
STREET ADDRESS	1342 E VINE ST #397			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34744			1.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLAND, LAKRISTA L			2.2 NAME			
STREET ADDRESS	1342 E VUINE ST #397			2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34744			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINTERS, STEPHEN R			3.2 NAME			
STREET ADDRESS	1342 E VUINE ST #397			3.3 STREET ADDRESS	1342 E. Vine St. #397		
CITY-ST-ZIP	KISSIMMEE FL 34744			3.4 CITY-ST-ZIP	Kissimmee, FL 34744		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, STEFANIE L			4.2 NAME			
STREET ADDRESS	33925 TARA WOOD DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34788			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	Vice President		
STREET ADDRESS				5.3 STREET ADDRESS	Matthew D. Winters		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	1342 E. Vine St. #397		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE Sandra S. Winters 4/22/98

CR2E034 (10/97)