

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000029356

1. Corporation Name

THE WINNING COMBINATION, INC.

Principal Place of Business

4110 CITRUS ST  
KISSIMMEE FL 34746  
US

Mailing Address

1342 E VINE ST  
#397  
KISSIMMEE FL 34744  
US

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90036 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3371183

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WINTERS, SANDRA S  
1342 E VINE ST  
#397  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE DP ☐ DELETE

NAME WINTERS, SANDRA S  
STREET ADDRESS 1342 E VINE ST #397  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE V ☐ DELETE

NAME WINTERS, MATTHEW D  
STREET ADDRESS 1342 E VINE ST #397  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE DS ☐ DELETE

NAME WINTERS, STEPHEN R  
STREET ADDRESS 1342 E VINE ST #397  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE DT ☐ DELETE

NAME CARTER, STEFANIE L  
STREET ADDRESS 33925 TARA WOOD DR  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. TITLE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

407-870-2695

Daytime Phone #

CR2E034 (1/1/98)