## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000031430 WINK FUN & GAMES, INC. Principal Place of Business Mailing Address 109 VIRGINIA DR PO BOX 4370 WALTON BEACH FL 32548 FORT WALTON BEACH FL 32549-4370 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

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STREET ADDRESS

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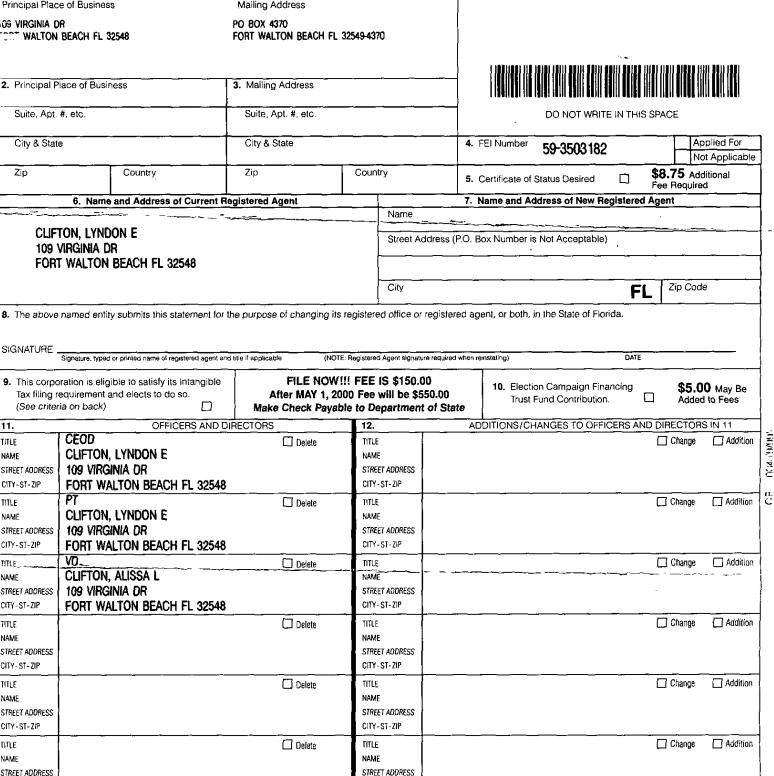
CITY-ST-ZIP

Name

City

## FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90123 050 \*\*\*150.00



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:

City & State

CLIFTON, LYNDON E

FORT WALTON BEACH FL 32548

This corporation is eligible to satisfy its Intangible

CLIFTON, LYNDON E

CLIFTON, LYNDON E

FORT WALTON BEACH FL 32548

FORT WALTON BEACH FL 32548

FORT WALTON BEACH FL 32548

109 VIRGINIA DR

109 VIRGINIA DR

CLIFTON, ALISSA L

109 VIRGINIA DR

Tax filing requirement and elects to do so.

(See criteria on back)

CEOD

109 VIRGINIA DR

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE\_

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TOPE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP