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

FILED
99 MAR -8 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034247

1. Corporation Name
WINNING Edge Productions, Inc

Principal Place of Business
5000 N. OCEAN BLVD
UNIT 706
FT Lauderdale FL 33308

Mailing Address
P.O Box 11394
Fort Lauderdale FL 33339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5000 N. OCEAN BLVD
Suite, Apt. #, etc.
22 UNIT 706
City & State
23 FT Lauderdale FL
Zip
24 33308 25 Country Broward

2a. Mailing Address
26 P O Box 11394
Suite, Apt. #, etc.
27
City & State
28 FT Lauderdale FL
Zip
29 33339 30 Country Broward

3. Date Business Added or Changed
April 14th 1998

4. FEI Number
52-2093129 [ ] Applied For [ ] N/A Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. Has corporation paid the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
Corporate Creations Enterprises Inc
4521 PGA BLVD
#211
Palm Beach Gardens FL 33418

10. Name and Address of New Registered Agent
81 Name MICHAEL J FERRARA
82 Street Address (P.O. Box Number is Not Acceptable) 5000 N. OCEAN BLVD
83 UNIT 706
84 City FT Lauderdale FL 85 Zip Code 33308

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 President 2-20-99
Signature (Type or Print Name of Person Signing) (Title) (Date)

12. OFFICERS AND DIRECTORS

TITLE	President, Secretary & Treasurer [ ] DELETE
NAME	MICHAEL J. FERRARA
STREET ADDRESS	5000 N. OCEAN BLVD (UNIT 706)
CITY-ST-ZIP	Fort Lauderdale FL, 33308
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

CR2E034 (11/98)

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: 2-20-99 (954) 783 5452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #