

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000083267 (9)
 1. Corporation Name
YUMMY CORP.



Principal Place of Business 5901 GULF BLVD. ST. PETE BEACH FL 33706	Mailing Address 5901 GULF BLVD. ST. PETE BEACH FL 33706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7600 Blina Pass Rd Suite, Apt. #, etc		2a. Mailing Address 26 Suite, Apt. #, etc		3. Date Incorporated or Qualified 09/25/1997	
22 City & State 23 St. Pete Bch FL		27 City & State 28 St. Pete Bch FL		4. FEI Number 543490651 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 33706		25 Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Name and Address of Current Registered Agent BROIDA, JOEL D 605 75TH AVE. ST. PETE BEACH FL 33706		30 Name and Address of New Registered Agent 81 Name BUNS FRED 82 Street Address (P.O. Box Number is Not Acceptable) 2812 PASS A GRILLE 83 ST. PETE Bch 84 City F 85 Zip Code 33706		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

11. Pursuant to the provisions of Sections 607.0507 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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNS, FRED	1.2 NAME	
STREET ADDRESS	2812 PASS A GRILLE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNS, SHIRLEY	2.2 NAME	
STREET ADDRESS	2812 PASS A GRILLE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL 33706	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BUNS ETHEL
STREET ADDRESS		3.3 STREET ADDRESS	101 59 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETE Bch FL 33706
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 officer 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: *[Signature]*

SECURITY IDEAS

CR2E034 (10/97)