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 # F96000006482

1. Corporation Name

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90041 025 ***150.00

WYS GR	OUP INC.					.		U 48498 HAR 1884	
Principal Place	of Business	Mailing Address							
887 W CHESTNUT ST 887 W CHESTNUT ST UNION NJ 07221 UNION NJ 07221					}				
UNION NO 0/221						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
•						· 12/11/19 <u>96</u>			
Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For	
21 26						22-2999183		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional equired	
22		27	O(1, 1) O(1)					``	
City & State	е	City & State	¬ '			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees			
23	Constant	28	Zip Country			Trust Fund Contribution		to rees	
Zip	r — — — — — — — — — — — — — — — — — — —			y	1	This corporation owes the current year Intar Personal Property Tax.	igibie ∏Yes	⊠ No	
24	9. Name and Address of Curren		<u>'L</u>			10. Name and Address of New Registered A			
	9. Name and Address of Curren	t Registered Agent	8	1 Name		2	<u> </u>		
SLIZ, GERALD						IERALD SLIZ			
8110 CLEARY BLVD #1109			8	2 Street	Address	s (P.O. Box Number is Not Acceptable)	SUN L)દ ¦	
PLANTATION FL 33324			8	3			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
				<u> </u>					
			8		FT	T. LAUDORDALE FL	85 3	33,7	
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. I book 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.									
office or registered agent. A both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE	EA M	GERALD SLIZ	Cerso	اكمصور	i	41 7 1 7 <u>7</u>	<u> </u>	{	
	Signature, typed or prine name of registered agen		gistered Ag	ent signature	required wt	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.	P OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE		1202		<u>Change</u>		
TITLE			1.2 NAME			-2,000 (_ •	_	
NAME	8110 CLEARY BLVD #1109			: et address	20	RALD SCIZ BO SIDI 25th AUCULIE			
STREET ADDRESS	PLANTATION FL 33324					LAUDORDALE FL 383	2,2	,	
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE		+ (☐ Change	Addition	
TITLE	_		2.2 NAME					_ }	
NAME	887 W CHESTNUT ST			Et address				}	
STREET ADDRESS	AND				'				
CITY-ST-ZIP			2.4 CITY 3.1 TITLE		 		Change	Addition	
<u> </u>			3.2 NAME					=	
STREET ADDRESS				ET ADORESS	,			1	
			3.4. CITY						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		1		☐ Change	□ Addition	
NAME		_	4.2 NAM	E	}				
STREET ADDRESS				ET ADDRESS	3				
CITY-ST-ZIP			4.4 CITY-					-	
TITLE		☐ DELETE	5.1 TITLE		1		☐ Change	Addition	
NAME			5.2 NAME	:				İ	
STREET ADDRESS			5.3 STRE	ET ADDRESS	3				
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		DELETE	6.1 TITLE		1		Change	Addition	
NAME			6.2 NAM	Ē					
STREET ADDRESS			6.3 STRE	ET ADDRESS	3				
CITY-ST-7IP			6.4 CITY	ST-ZIP	1				

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 impowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING CERTEBORISHESTOR