FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:20

DOCUMENT # **P41086** **(0)**

1. Corporate Name

WWP, INC. OF NEW YORK

Principal Place of Business	Mailing Address
27 WILLIAM ST. NEW YORK NY 10005	27 WILLIAM ST. NEW YORK NY 10005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1992**	3a. Date of Last Report: **02/01/1994**
4. FEI Number: **13-3487161**	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARKS, STANLEY
2875 NE 191TH ST.
NORTH MIAMI BEACH FL 33180

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 607.1007 and 607.1505, 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PV NAME: PRAGER, WILLIAM W. STREET ADDRESS: 27 WILLIAM ST. CITY ST ZIP: NEW YORK NY	☐ Change ☐ Addition
TITLE: TD NAME: PRAGER, WILLIAM W. STREET ADDRESS: 27 WILLIAM ST. CITY ST ZIP: NEW YORK NY	☐ Change ☐ Addition
TITLE: S NAME: CRISCITELLO, MARK STREET ADDRESS: 27 WILLIAM STREET CITY ST ZIP: NEW YORK NY	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is absolutely true and correct, and qualify for the exemption cited 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 I am aware of and understand the penalties imposed for the making of a false report.

SIGNATURE: Mark Criscitello 1/10/95 (212)801-0212

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — TELEPHONE NUMBER

0000003 CP