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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P41086

(0)

WWP, INC. OF NEW YORK

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
27 WILLIAM ST. 27 WILLIAM ST. NEW YORK NY 10005 NEW YORK NY 10005					
				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
				10/21/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		13-3487161	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		City & State			Fee Required
23	U	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<u>20</u> <u>Z</u> ţu	Country	8. This corporation owes or has paid the	*
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	ed Agent
MA	VRKS, STANLEY		61 Name		
	75 NE 191TH ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
NORTH MIAMI BEACH FL 33180					
			63		
			84 City		85 Zip Code
				F	L
11. Pursuant office or r	to the provisions of Sections 607.09 registered agent, or both, in the Sta	502 and 607 1508, Florida Statut itu of Florida. Such change was i	es, the above-named cor authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing Its registered appointment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	8/03	r B		
12.		ND DIRECTORS	E Registered Agent signature requestation 13.	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PV	☐ DELETE	1,1 TITLE		Change Addition
NAME	PRAGER, WILLIAM W.		1,2 NAME		
STREET ADDRESS	27 WILLIAM ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRAGER, WILLIAM W.		2.2 NAME		
STREET ADDRESS	27 WILLIAM ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2. 4 CITY-ST-ZIP	*	
TITLE	8	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRISCITELLO, MARK		3.2 NAME		
STREET ADDRESS	27 WILLIAM STREET NEW YORK NY		3.3 STREET ADDRESS		**
CITY-ST-ZIP TITLE	INCH I UNIV MI	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4.1 IIILE 4.2 NAME		C Algude C Manufall
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		· ·
14. I hereby c	certify that the information supplied	with this filing does not qualify for	or the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made	certify that the information
officer or	director of the corporation or the re	ner annuar report is true and acc scaiver or trustee empowered to	execute this report as rec	ure snail have the same legal effect as if made quired by Chapter 607, Florida Statutes; and tha	at my name appears in