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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000032470 (1)

WUMPY, INC.	•			((\$4) 00 (14 18) 186 06 08 08 04 07 11 07 04 07 05 05 186 186
Principal Place of Business		Mailing Address		C ENDINOUT THE YORKS HABEL BOLLS BRILL BRILL BRILL BY OR SILVER THAT LOGIN BRILL BRILL BRILL BRILL BRILL BRILL
520 BRICKELL KEY DRIVE		520 BRICKELL KEY DRIVE		
Suite 0-305 Miami Fl 33131		SUITE 0-305 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE
MILIMI LE 2010!		MICMI IE 00101		3. Date Incorporated or Qualified
				04/10/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65- 0751511 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Section Section 5.
City & State		27		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
9. Na	ime and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
TENENHOI	LTZ, JOHN S		81 Name	
520 BRICKELL KEY DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 0-30			63	
MIAMI FL 33131			63	
			84 City	FL 85 Zip Code
11 Pursuant to the nr	ovisions of Soctions 607 050	2 and 607 1508 Florida Statu	tos the above named	corporation submits this statement for the purpose of changing its registered
office or registered agent. I am familia	d agent, or both, in the State ir with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized by the corp lorida Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	and a little to a street land and	at and title depertuable. (8.9)	TE: Rogistered Agent signature	a required when reinstating) DATE
Signature typed or privated name of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D		DELETE	1.1 THILE	Change Addition
NAME OST	rovsky, jodie		1.2 NAME	was Cal Pla Court
	Brickell key drive		1.3 STREET ADDRESS	252B Eagle Run Court Weston FL 33327-1531
CITY-ST-ZIP MIAN	II FL 33131		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	Griange
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELET E	4.1 TITLE	Change Addition
NAME			4. 2 NAME	· —
STREET ADDRESS			4.3 STHEET 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		Atlete	5.4 CITY-ST-ZIP	A
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP 14. I hereby certify tha	t the information supplied wi	th this filing does not qualify	6.4 CITY-ST-ZIP for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this a officer or director of	nnual report or supplementa	I annual report is true and ac liver or trustee empowered to	curate and that my sign	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in