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 # P9700032470 1. Corporation Name

WUMPY, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90084 041 ***150.00



	,					
Principal Place	of Business	Mailing Address		1 I I I I I I I I I I I I I I I I I I I	69 (()10 ()84) 0(0()))884) 89 11 (881
520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE						
SUITE 0-305		SUITE 0-305		DO NOT WRITE IN THIS SPACE		
MIAMI FL 33131 MIAMI FL 33131				3. Date Incorporated or Qualifed		
				04/10/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21/0508 From H 26/0		26 2528 Eagle	Run G	65-0751511	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Weston F1		City & State 28 West Control Columnia		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	ountry	8. This corporation owes the current year		_
24 335	307 25 Brownd	29 33337 30 5	STOURTS			□No
	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registere	d Agent	
			81 Name			į
OSTROVSKY, JODIE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		-
2528 EAGLE COURT RUN						
WES	TON FL 33327		83			
			84 City		. 85 Zip C	Code
	· · ·			________	<u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was authorize	ed by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its jointment as rec	registered gistered
SIGNATURE				ed when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		ed Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE			TITLE	ADDITIONO/OTIANGED TO OTT ISENS	☐ Change	Addition
	D COTROVERY IONE	·	NAME			
NAME	OSTROVSKY, JODIE 2528 EAGLE RUN COURT		STREET ADDRESS		•	1
STREET ADDRESS		•	CITY-ST-ZIP			
CITY-ST-ZIP TITLE	WESTON FL 33327		TITLE		Change	☐ Addition
NAME		·	NAME			1
STREET ADDRESS			STREET ADDRESS			}
			I CITY-ST-ZIP			
CITY-ST-ZIP	Marine Committee		TITLE -		Change	☐ Addition
NAME	,	32	NAME			
STREET ADDRESS	, ,	3.3	STREET ADORESS			
CITY-ST-ZIP		3.4	. CITY-ST-ZIP			
TITLE			TITLE		Change	☐ Addition
NAME		4.2	NAME			. }
STREET ADDRESS		4.3	STREET ADDRESS			
CITY-ST-ZIP		4.4	CITY+ST-ZIP			
TITLE	,		TITLE	,	☐ Change	☐ Addition
NAME	•	52	NAME			Ì
STREET ADDRESS		5.3	STREET ADDRESS			
CITY-ST-ZIP	· ·	5.4	CITY-ST-ZIP			
TITLE		☐ DELETE 6.1	TITLE		Change	☐ Addition
NAME		. 62	NAME			İ
STREET ADDRESS	,	6.3	STREET ADDRESS			\

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 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

RED SIGNING OFFICER OR DIRECTOR