

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 # P97000104356

1. Corporation Name  
WUGIE, INC.

Principal Place of Business  
8110 CLEARY BLVD, VILLA 1116  
PLANTATION FL 33324

Mailing Address  
8110 CLEARY BLVD, VILLA 1116  
PLANTATION FL 33324

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90202 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/01/1998

4. FEI Number  
65-0810606 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. WUGIE, INC  
22 c/o Wugalter  
23 City 3200 North Ocean Blvd #909  
Ft Lauderdale, FL 33308  
24 Zip Country

26 Suite, Apt. #, etc. WUGIE, INC  
27 c/o Wugalter  
28 City 3200 North Ocean Blvd #909  
Ft Lauderdale, FL 33308  
29 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WUGALTER, JOEL  
8110 CLEARY BLVD, VILLA 1116  
PLANTATION FL 33324

81 Name JOEL WUGALTER  
82 Street Address (P.O. Box Number is Not Acceptable)  
3200 NORTH OCEAN BLVD  
83 #909  
84 City FT LAUDERDALE FL 85 Zip Code 33308

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, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS               | CITY-ST-ZIP         | <input type="checkbox"/> DELETE |
|-------|--------------------|------------------------------|---------------------|---------------------------------|
| PST   | WUGALTER, JOEL     | 8110 CLEARY BLVD, VILLA 1116 | PLANTATION FL 33324 |                                 |
| V     | WUGALTER, VICTORIA | 8110 CLEARY BLVD, VILLA 1116 | PLANTATION FL 33324 |                                 |
|       |                    |                              |                     |                                 |
|       |                    |                              |                     |                                 |
|       |                    |                              |                     |                                 |
|       |                    |                              |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME           | 1.3 STREET ADDRESS         | 1.4 CITY-ST-ZIP         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|--------------------|----------------------------|-------------------------|--|
| PST       | WUGALTER, JOEL     | 3200 NORTH OCEAN BLVD #909 | FT LAUDERDALE, FL 33308 |  |
| V         | WUGALTER, VICTORIA | 3200 NORTH OCEAN BLVD #909 | FT LAUDERDALE FL 33308  |  |
|           |                    |                            |                         |  |
|           |                    |                            |                         |  |
|           |                    |                            |                         |  |
|           |                    |                            |                         |  |

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOEL WUGALTER 4/17/99 954-567-4468

CR2E034 (1/198)