


FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90018 049 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P98000067232 Corporation Name CHUMMY INC. | | |



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|---|--|
| Principal Place of Business 7964 ORLEANS ST. MIRAMAR FL 33023 | Mailing Address P.O. BOX 83-4864 HOLLYWOOD FL 33083-4864 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 3701 ISLAND DR. Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. Box 83-4864 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 07/29/1998 | |
| 22 City & State 23 MIRAMAR | | 27 City & State 28 HOLLYWOOD FL 33083 | | 4. FEI Number 65-085-8803 | |
| 24 FL 33023 | | 29 FL 33083-4864 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent HYATT, LENWORTH A 7964 ORLEANS ST. MIRAMAR FL 33023 | | 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 607.0502 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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | CEO | 1.1 TITLE | |
| NAME | LENWORTH A. HYATT | 1.2 NAME | |
| STREET ADDRESS | 3701 ISLAND DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33083-4864 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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

04.27.99 954-989-4367

Date

Daytime Phone #

CR2E034 (1/98)