

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 255822 (9)
1. Corporation Name
HOLLENBERG & WOLFE, INC.

Principal Place of Business 1108 WEIGLE AVE. P. O. BOX 1784 SEBRING FL 33871-1784 US	Mailing Address 1108 WEIGLE AVE. P. O. BOX 1784 SEBRING FL 33871-1784 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1962	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0952864	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLLENBERG, DEAN W. 3205 DOLPHIN DR. SEBRING FL 33870				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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)

4-09-98

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFE, ESTHER S.			1.2 NAME			
STREET ADDRESS	1533 WIGHTMAN AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 00000			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLENBERG, JEAN B.			2.2 NAME			
STREET ADDRESS	3701 KEARLY AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 00000			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLENBERG, DEAN W.			3.2 NAME			
STREET ADDRESS	3205 DOLPHIN DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 00000			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLENBERG, JEAN B.			4.2 NAME			
STREET ADDRESS	3701 KEARLY AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL 00000			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	J. RALPH HOLLENBERG			5.2 NAME			
STREET ADDRESS	3701 KEARLY AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFE, ARCHIE R.			6.2 NAME			
STREET ADDRESS	1533 WIGHTMAN AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			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.

SIGNATURE: *Dean B. Hollenberg Secretary*

4-09-98

941-385-1511

CR2E034 (10/97)