

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

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080238 (5)

1. Corporation Name
T.D. WOLF AND ASSOCIATES, INC.



Principal Place of Business: 4679 TIFFANY WOODS CIRCLE OVIEDO FL 32765
Mailing Address: 4679 TIFFANY WOODS CIRCLE OVIEDO FL 32765-6125

3. Date Incorporated or Qualified: 10/16/1995
3a. Date of Last Report: 04/22/1996
4. FEI Number: 59-3343432
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 428 Village View Lane, Longwood FL 32779, Seminole
2a. Mailing Address: 428 Village View Lane, Longwood FL 32779, Seminole

9. Name and Address of Current Registered Agent
JOHNSON, DENNIS E
4679 TIFFANY WOODS CIRCLE
OVIEDO FL 32765

10. Name and Address of New Registered Agent
81 Name: Wolfgang W. Halbig
82 Street Address (P.O. Box Number is Not Acceptable): 428 Village View Lane
84 City: Longwood FL 85 Zip Code: 32779

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] DATE: 3/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALBIG, WOLFGANG W		1.2 NAME	
STREET ADDRESS: 428 VILLAGE VIEW LANE		1.3 STREET ADDRESS	
CITY- ST- ZIP: LONGWOOD FL 32779		1.4 CITY- ST- ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARCY, THOMAS L		2.2 NAME	
STREET ADDRESS: 4648 TIFFANY WOODS CIRCLE		2.3 STREET ADDRESS	
CITY- ST- ZIP: OVIEDO FL		2.4 CITY- ST- ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, DENNIS E		3.2 NAME	
STREET ADDRESS: 4679 TIFFANY WOODS CIRCLE		3.3 STREET ADDRESS	
CITY- ST- ZIP: OVIEDO FL 32765		3.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY- ST- ZIP:		6.4 CITY- ST- ZIP	

14. I do 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: [Signature] DATE: 3/17/97 DAYLIFE PHONE #: 407 682-7439

CR2E034 (9/96)