

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 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 # 181228

(8)

1. Corporation Name

NAT WOLF CORPORATION

Principal Place of Business

2200 FAIRMOUNT AVE.
P.O. BOX 1703
LAKELAND FL 33802

Mailing Address

2200 FAIRMOUNT AVE.
P.O. BOX 1703
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1954	01/30/1996
4. FEI Number	Applied For Not Applicable
59-6066766	
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 or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business

21 3577 RAINTREE LN POBx1703

Suite, Apt. #, etc.

22 City & State

23 LAKELAND, FL

Zip

24 33802

Country

25 USA

2a. Mailing Address

26 3577 RAINTREE LN POBx1703

Suite, Apt. #, etc.

27 City & State

28 LAKELAND, FL

Zip

29 33802

Country

30 USA

9. Name and Address of Current Registered Agent

WOLF, LEONARD
838 EDGEWOOD DR
LAKELAND FL 33083

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PTD
NAME	WOLF, LEONARD	1.2 NAME	SUSAN SCHEINBERG
STREET ADDRESS	838 EDGEWOOD DR.	1.3 STREET ADDRESS	420 LINCOLN ROAD #512
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD	2.1 TITLE	
NAME	DINER, LARRY	2.2 NAME	
STREET ADDRESS	4518 TRAILS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	VPSD
NAME	WOLF, ROBERT	3.2 NAME	ROBERT WOLF
STREET ADDRESS	3577 RAINTREE LANE	3.3 STREET ADDRESS	3577 RAINTREE LN
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VD	4.1 TITLE	
NAME	WOLF, RHODA	4.2 NAME	
STREET ADDRESS	838 EDGEWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	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 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:

ROBERT WOLF 9/11/97 941 6465522

CR2E034 (4/97)