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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 271885

(6)

Mailing Address

WOLFER MOTORS INC

Principal Place of Business

FILED Feb 21 1997 8:00am Secretary of State



1406 RINGLING DR VENICE FL 34285		1406 RINGLING DR VENICE FL 34285-4102					
					3. Date Incorporated or Qualified 07/15/1963	3a. Date of Last 02/26/1996	
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number		Applied For
21		26	26		59-1009194		Not Applicable
Suite, Ap	at #, etc.	Suite, Apt. #, etc.	27		6. Certificate of Status Desired		Additional Required
City & St	ato	City & State			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country Zip		Counti	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 31			<u> </u>			
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Re	glatered Agent	
	olfer, ralph L Jr.		8	i Name			
1406 RINGLING DR VENICE, FL				Street Add	ddress (P.O. Box Number is Not Acceptable)		
342	285		8:	3			
			8-	City		FL es Zi	p Code
office o	r registered agent, or both, in the larm familiar with, and accept the r	State of Fiorida, Such change was	authorized b	v the corpora	rporation submits this statement for the patients board of directors. I hereby acceptions		
	5-gnature, typed or printed name of register			jent signature requ	ulred when reinstating)	DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VD	LI DELETE	1.1 TITLE	- 1		Change	e 🔲 Addition
NAME	WPLFER, RALPH L		1.2 NAME	- 1	·		
STREET ADDRES			1.3 STRE	T ADDRESS			
CITY-ST-7IP	BELL, FL 32619	- I per exc	14 CITY- 2.1 THILE			[] 0	FT 4400
TITLE	STD MOLAEL C			1		☐ Change	e Addition
NAME	WOLFER, MICHAEL C s 232 HIGH POINT DR.		2.2 NAM				
STREET ADDRES	VENICE, FL 33595			T ADDRESS			
CITY-ST-ZIP TITLE	PD PD	DELETE	2.4 CITY 3.1 TITLE			Change	B Addition
NAME	WOLFER JR, RALPH L		3.2 NAME			feet outsilk	, C Modion
STREET ADORES	AND LUCKE BOURT DD			T ADDRESS			
CITY-ST-ZIP	VENICE, FL 00000		1	· · · · · · · · · · · · · · · · · · ·			
TITLE	72/NOL, 12 00000	DELETÉ	3.4. CITY 4.1 TITLE			Change	e Addition
NAME			4. 2 NAM			<u> </u>	
STREET ADDRES	ε			T ADDRESS			
CITY-ST-ZIP	N .		4.4 CITY-				
TITLE		DELETE	5.1 TITLE			Change	e Addition
NAME		····· ,	5.2 NAMI				******
STREET ADDRES	s			T ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE	***************************************	DELETE	6.1 TITLE			Change	e 🔲 Addition
NAME		_	6.2 NAME				**
STREET ADDRES	s l		•	T ADDRESS			
CrTY - ST - ZIP			6.4 CITY				
VI AII			V.7 V/11	~ . •			

14. Ido 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: