PROFIT CORPORATIO ANNUAL REPO 1999		F	LORIDA DEPAR Katherin Secretary DIVISION OF C	of State	Jan 25, 1999 8:00am Secretary of State 01-25-1999 90023 017 ****150.00		
Corporation Name WOLVERINE CON							
rincipal Place of Business	3	Mailing A	Address				
681 SUMMERLIN RD			mmerlin rd				
211 MYERS FL 33908		#211 FT MYERS	5 FL 33908		DO NOT WRITE IN	THIS SPACE	
6		US			3. Date Incorporated or Qualifed		
Principal Place of Busin	ess	2a. Mailir	ng Address		11/13/1979 4. FEI Number	App	blied For
		26			59-1951784		Applicable
Suite, Apt. #, etc.		Suite,	, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State			& State		6. Election Campaign Financing	\$5.00	May Be
		28		Country	Trust Fund Contribution	Added to	o Fees
Zip	Country 25	Zip 29	[:	30	 This corporation owes the current ye Personal Property Tax. 		
	and Address of Curr	ent Registered	Agent		10. Name and Address of New Regist	ered Agent	
SASSO, M. DAN	un de pares. VEL	•		81 Name			
	DO BLVD, STE D			82 Street Add	ress (P.O. Box Number is Not Acceptable)	a a tan a tanta ta	1. 1. 1. 1. L
3024 DEL FRAL						194 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197	1
CAPE CORAL F				83			
CAPE CORAL F	FL 33904	ite of Florida. Suc	ch change was au	84 City s, the above-named corr thorized by the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	FL 85 Zip C pse of changing its in appointment as reg	registered
CAPE CORAL F Pursuant to the provisi office or registered ag agent. I am familiar wi GNATURE Signature, typed	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli	ite of Florida. Suc igations of, Section	ch change was au on 607.0505, Flori ble. (NOTE: 1	84 City s, the above-named corr thorized by the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	FL	registered jistered RS IN 12
CAPE CORAL F	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS /	ite of Florida. Suc igations of, Section agent and title if applicat	ch change was au ón 607.0505, Flori ble. (NOTE: 1	84 City s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature requir 13. 1.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pse of changing its i appointment as reg	registered jistered
CAPE CORAL F Pursuant to the provision office or registered age agent. I am familiar with GNATURE Signature. typed LE PTD ME PTD BACHELC	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori ble. (NOTE: 1	84 City s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature requir 13.	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL	registered jistered RS IN 12
CAPE CORAL F	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS /	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori ble. (NOTE: S DELETE	84 City s, the above-named corr thorized by the corporate da Statutes. Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	Second changing its in appointment as reg	RS IN 12
CAPE CORAL F Pursuant to the provision office or registered ag- agent. I am familiar with GNATURE Signature. typed Signature. typed BACHELC BACHELC BACHELC I 19681 SL FT MYER E DVP	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori ble. (NOTE: 1	84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL	registered jistered RS IN 12
CAPE CORAL F Pursuant to the provisi- office or registered ag- agent. I am familiar wi GNATURE Signature. typed Signature. typed BACHELC REET ADORESS 19681 SL FT MYER LE DVP ME BACHELC	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori ble. (NOTE: S DELETE	84 City s, the above-named corporation thorized by the corporation da Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	Second changing its in appointment as reg	RS IN 12
CAPE CORAL F	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / DR, DUANE C JMMERLIN RD #211 S FL 33908 DR, SHAWN DR DRIVE	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Fiori lole. (NOTE: S DELETE	84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL ose of changing its in appointment as regulations appointment as regulations RS AND DIRECTOR Change	RS IN 12
CAPE CORAL F Pursuant to the provisi- office or registered ag- agent. I am familiar wi GNATURE Signature, typed BACHELC REET ADDRESS I 9681 SL FT MYER LE DVP ME BACHELC S29 TUDC CAPE CO LE VD	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / DR, DUANE C JMMERLIN RD #211 S FL 33908 DR, SHAWN DR DRIVE DRAL FL	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori ble. (NOTE: S DELETE	84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12.NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	Second changing its in appointment as reg	RS IN 12
CAPE CORAL F Pursuant to the provision office or registered agent agent. I am familiar with GNATURE ELE PTD ME BACHELC REET ADDRESS 19681 SL FT MYER LE DVP ME BACHELC REET ADDRESS 329 TUDC CAPE CO LE VD ME BACHELC AGNELE VD	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE JRAL FL DR, JOSEPH D	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Fiori lole. (NOTE: S DELETE	84 City s, the above-named corr thorized by the corporati da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12.NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.1 TITLE 3.2 NAME	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL ose of changing its in appointment as regulations appointment as regulations RS AND DIRECTOR Change	RS IN 12
CAPE CORAL F Pursuant to the provision office or registered ago- agent. I am familiar with GNATURE Signature. typed ME BACHELC NEET ADDRESS Y-ST-ZIP CAPE CO LE DVP ME BACHELC CAPE CO BACHELC CAPE CO BACHELC CAPE CO DVD BACHELC CAPE CO CAPE CO	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / DR, DUANE C JMMERLIN RD #211 S FL 33908 DR, SHAWN DR DRIVE DRAL FL	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori lole. (NOTE: S DELETE DELETE	84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12.NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL ose of changing its is appointment as registered appointment appointment as registered appointment appoint	RS IN 12 Addition
CAPE CORAL F Pursuant to the provis- office or registered ago- agent. I am familiar wi- GNATURE Signature, typed ME BACHELC PTD BACHELC 19681 SL FT MYER LE DVP ME BACHELC 19681 SL FT MYER LE DVP ME BACHELC 2329 TUDO CAPE CO LE VD ME CAPE CO LE VD ME CAPE CO LE CAPE CO LE CAPE CO	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE JRAL FL JR, JOSEPH D 17TH AVENUE	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Fiori lole. (NOTE: S DELETE	84 City s, the above-named corporate thorized by the corporate da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL ose of changing its is appointment as registered appointment appointment as registered appointment appoint	RS IN 12
CAPE CORAL F Pursuant to the provis- office or registered ag- agent. I am familiar wi GNATURE E PTD BACHELC BACHELC 19681 SL FT MYER E BACHELC 19681 SL FT MYER E BACHELC 329 TUDO CAPE CO E E VD BACHELC 19681 CL FT MYER CAPE CO E CAPE CO E CAPE CO	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE JRAL FL JR, JOSEPH D 17TH AVENUE	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori lole. (NOTE: S DELETE DELETE	84 City s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 11. TITLE 12. NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL ose of changing its is appointment as registered. appointment as registered. Change Change Change	RS IN 12 Addition
CAPE CORAL F Pursuant to the provision office or registered age agent. I am familiar with GNATURE E PTD BACHELC BACHELC ISIGNATURE PTD BACHELC ISIGNATURE E DVP BACHELC ISIGNATURE E DVP BACHELC CAPE CO E VD E VD E DVP BACHELC CAPE CO E CAPE CO E CAPE CO E CAPE CO	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE JRAL FL JR, JOSEPH D 17TH AVENUE	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori lole. (NOTE: S DELETE DELETE	84 City s, the above-named corporate thorized by the corporate da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pose of changing its i appointment as reg TE RS AND DIRECTOR Change Change Change Change Change Change	RS IN 12 Addition
CAPE CORAL F Pursuant to the provision office or registered agriagent. Tam familiar with agent. Tam familiar with Signature. typed E PTD BACHELC BACHELC 19681 SL FT MYER E DVP BACHELC 19681 SL FT MYER E DVP BACHELC 2329 TUDC CAPE CO E VD E VD E CAPE CO E VD E CAPE CO E CAPE CO	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE JRAL FL JR, JOSEPH D 17TH AVENUE	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Flori lole. (NOTE: S DELETE DELETE	84 City s, the above-named corporated Statutes. Registered Agent signature required a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL ose of changing its is appointment as registered. appointment as registered. Change Change Change	RS IN 12 Addition
CAPE CORAL F Pursuant to the provision office or registered agriagent. Tam familiar with SNATURE E PTD BACHELC EET ADDRESS E DVP BACHELC 19681 SL FT MYER E DVP BACHELC 2329 TUDC CAPE CO E VD E VD BACHELC 2329 TUDC CAPE CO E VD E CAPE CO E VD E CAPE CO E CAPE CO E CAPE CO E CAPE CO E CAPE CO	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE JRAL FL JR, JOSEPH D 17TH AVENUE	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	DELETE	84 City s, the above-named corporated Statutes. Registered Agent signature required as tatutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pose of changing its i appointment as reg TE RS AND DIRECTOR Change Change Change Change Change Change	RS IN 12 Addition
CAPE CORAL F Pursuant to the provision office or registered agriagent. I am familiar with SNATURE E PTD BACHELC EET ADDRESS CAPE CO E VD E DVP BACHELC 19681 SL FT MYER DVP BACHELC 2329 TUDO CAPE CO E VD E CAPE CO E CAPE CO	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / DR, DUANE C JMMERLIN RD #211 S FL 33908 DR, SHAWN DR DRIVE JRAL FL DR, JOSEPH D 17TH AVENUE JRAL, FL 00000	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	DELETE	84 City s, the above-named corporated Statutes. Registered Agent signature required a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pse of changing its i appointment as reg TE RS AND DIRECTOR Change	RS IN 12 Addition
CAPE CORAL F Pursuant to the provision office or registered ag- agent. I am familiar with GNATURE Signature. typed ME ME ME ME ME ME ME ME ME ME	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / OR, DUANE C JMMERLIN RD #211 S FL 33908 OR, SHAWN OR DRIVE WRAL FL OR, JOSEPH D . 17TH AVENUE ORAL, FL 00000	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	DELETE	84 City s, the above-named corporated a Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pose of changing its i appointment as reg TE RS AND DIRECTOR Change Change Change Change Change Change	RS IN 12 Addition
CAPE CORAL F Pursuant to the provisi- office or registered ag- agent. I am familiar wi GNATURE Signature. typed ME REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP LE WE REET ADDRESS Y-ST-ZIP	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / DR, DUANE C JMMERLIN RD #211 S FL 33908 DR, SHAWN DR DRIVE JRAL FL DR, JOSEPH D 17TH AVENUE JRAL, FL 00000	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Fiori le. (NOTE: S DELETE DELETE DELETE	84 City s, the above-named corporation of the corp	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pse of changing its i appointment as reg TE RS AND DIRECTOR Change	RS IN 12 Addition
CAPE CORAL F	FL 33904 ions of Sections 607.0 ent, or both, in the Sta th, and accept the obli or printed name of registered a OFFICERS / DR, DUANE C JMMERLIN RD #211 S FL 33908 DR, SHAWN DR DRIVE JRAL FL DR, JOSEPH D 17TH AVENUE JRAL, FL 00000	ite of Florida. Suc igations of, Section agent and title if applicat AND DIRECTOR	ch change was au on 607.0505, Fiori le. (NOTE: S DELETE DELETE DELETE	84 City s, the above-named corporated a Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	poration submits this statement for the purpo on's board of directors. I hereby accept the ad when reinstating) DA	FL pse of changing its i appointment as reg TE RS AND DIRECTOR Change	RS IN 12 Addition