

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

FILED
Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-18-1999 90083 018 ****150.00

DOCUMENT # 849594

1. Corporation Name
WOLF CAMERA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 4955 MARCONI DRIVE 4955 MARCONI DRIVE
 ALPHRETTA GA 30005 ALPHRETTA GA 30005

3. Date Incorporated or Qualified
07/01/1981

4. FEI Number **58-1210910** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, CHARLES R	1.2 NAME	
STREET ADDRESS	1706 CHANTILLY DRIVE N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324-3296	1.4 CITY-ST-ZIP	
TITLE	CFOV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, SHELDON	2.2 NAME	
STREET ADDRESS	1706 CHANTILLY DRIVE N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324-3296	2.4 CITY-ST-ZIP	
TITLE	VCOO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, WILLIAM V	3.2 NAME	
STREET ADDRESS	1706 CHANTILLY DRIVE N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324-3296	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAstra, STEPHEN M	4.2 NAME	
STREET ADDRESS	1706 CHANTILLY DRIVE N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324-3296	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMAN, MARK	5.2 NAME	
STREET ADDRESS	1706 CHANTILLY DRIVE N.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324-3296	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 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, with all other like empowered.

SIGNATURE: Stephen M. LaMastra Date: 1.14.99 Daytime Phone #: 678.297.9653

CR2E034 (11/98)