

1-17-97 B-0293 -C

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FILED

Jan 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F18246

(1)

1. Corporation Name

WOLFF PUBLISHING CORPORATION

Principal Place of Business

91655 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

91655 OVERSEAS HWY
TAVERNIER FL 33070-2600

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 2720 NE 26 Street

27 Suite, Apt. #, etc.

28 Lighthouse Point, FL

29 33064

30 Country

Broward

9. Name and Address of Current Registered Agent

VETRICK, JOSEPH
171 HOOD STREET, SUITE 18
TAVERNIER FL 33070

3. Date Incorporated or Qualified

01/01/1981

3a. Date of Last Report

10/15/1996

4. FEI Number

59-2122333

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

William F. Sullivan, Esq.

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

2401 E. Atlantic Blvd.

83 Suite

410

84 City

Pompano Beach

FL

85 Zip Code

33062

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 typed or printed name of registered agent and title if applicable

William F. Sullivan

(NOTE: Registered Agent signature required when reinstating)

1-9-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETENAME WOLFF, DANNY
STREET ADDRESS OCEAN VIEW DR US 1
CITY-ST-ZIP TAVERNIER, FL 00000TITLE ☐ DELETENAME BAKER, PATRICIA
STREET ADDRESS 2720 NE 26TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FLTITLE ☐ DELETENAME Secretary
Kimberly Ann King
STREET ADDRESS 3513 Harlowe Avenue
CITY-ST-ZIP Boynton Beach, FL 33436TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

x Patricia Baker Patricia Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)