PROF CORPOR ANNUAL F <b>199</b>	ATION REPORT		Secret	RTMENT OF STATE  B. Mortham ary of State CORPORATIONS	May 02 1 Secreta			
OCUMEN Corporation Name THE WOLFSC	NT # <b>G9993</b> In Initiative corp.		(9)					
ncipal Place of Bu: 19 N.E. 2ND AVE. MI FL 33137	siness	Mailing A 2399 N.E. MIAMI FL		<u>Andreanna na 2222 - 1224 an</u>	* 1881/11) 0010 (8110 1010) 1010 1010	<b>FILIE (191</b> 1) UT	<b>u</b> li Di <b>n</b> ii Dii	
					3. Date Incorporated or Qualified 04/27/1984	3a. Date of 04/24/1	996	
Principal Place of	Business	2a. Mailin 26	g Address		4. FEI Number 59-2400965			lied For Applicable
Suite, Apt. #, etc.		Suite,	Apt. #, etc.		5. Certificate of Status Desired		8.75 Ad Fee Reg	ditional
City & State		27 City &	State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$	5.00 M	iay Be
Ζір	Country	Zip		Country	8. This corporation has liability for	intangible tax u	under s. 1	
9. h	25 Name and Address of Curr	29 rent Registered A	gent	<u> 30 </u>	Florida Statutes	Yes No		
2399 NE 2				82 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)		
MIAMI FL :		502 and 607 150	B Florida State	83 84 City	noration submits this statement for the r	FL 85		
Pursuant to the p office or register agent 1 am famil NATURE	provisions of Sections 607.0 ed agent, or both, in the Sta liar with, and accept the ob-	ligations of, Section	on 607.0505, F	<b>84</b> City utes, the above-named cor authorized by the corpore lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	PL purpose of char of the appointm		
Pursuant to the p office or register agent 1 am famil NATURE	nrovisions of Sections 607.0 ed agent, or both, in the Sta liar with, and accept the obl	ligations of, Section	on 607.0505, F	84 City authorized by the corpore lorida Statutes. TE: Registered Agent signature requ 13.		DATE	nging its nent as re ECTORS	registered gistered
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