FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#
Corporation Name	

H32032

(5)

WOLF & SHORT, PROFESSIONAL ASSOCIATION

÷		. 15				
Principal Place	of Business	Mailing Address				'ain ilai mieli mimii mimii menii mimii mimii mimii
STE 203	ERSITY BLVD WEST ILLE FL 32217	3733 UNIVERSITY E STE 203 JACKSONVILLE FL US			Date Incorporated or Qualified	See Constitution
		80			11/30/1984	3a. Date of Last Report 05/22/1995
2. Principal Pla 21	ice of Business	2a. Mailing Address 26			4. FEI Number 59-2467989	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24]	Country 25	Zip 29	Count	ry	8. This corporation has liability for i	
<u></u>	9. Name and Address of Curren		30		Florida Statutes Yes 10. Name and Address of New R	No enistered Agent
			8	1 Name	10. 110.110 110.1100 01 110.11	agiateted Agent
SHORT	f, Frederick R., Jr.		-	2 Street Add	(D.O. D. N. J. J. N. J.	
3733 UNIVERSITY BLVD., WEST			Ľ	Z Street Add	dress (P.O. Box Number is Not Acceptable	θ)
STE 203 JACKSONVILLE FL 32217			8	3		
UAONO	OHVILLE PL 3221/		8	4 City		FI 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statut	es, the above	-named comy	oration submits this statement for the purp	
Or registere	d agent, or both, in the State of Floric n, and accept the obligations of, Secti	ia. Such change was authoriz	ea ov the co	poration's bo	ard of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	, and decopt the bengations of cools	on portioodo, monda diatoles	s.			
s	Signature, typed or printed name of registered agent		OTE Registered Ag	ent signature requir	red when reinstating	DATE
12.	PD OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	WOLF, WAYNE A.	☐ DELETE	1. 1 THE			Change Addition
NAME CORET ADDRESS	3733 UNIVERSITY BLVD W.		1.2 NAMI			
STREET ADDRESS	JACKSONVILLE FL			ET ADDRESS		
CITY-ST-ZIP TITLE	DST	DELETE	1.4 CITY-			
NAME	SHORT, JR., FREDERICK R	, Juden	2 1 TITLE			Change Addition
STREET ADDRESS	3733 UNIVERSITY BLVD W	•	2.2 NAME			
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CiTY	ET ADDRESS		
TITLE		DELETE	3 1 1/114			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-7IP			3.4 CITY-	ST-ZIP		
TITLE		DELETE	4. 1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP		
THILE		☐ DELETE	5. 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE	T_		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
CITY-ST-ZIP		21 11 20	6 4 CITY -	ST-ZiP		
oath; that I a		ii report or supplemental annu ation or the receiver or truster	uai report is tr e enipowered		for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flor	

SIGNATURE:

A PRINTED NAME DE SIGNING OFFICER OR DIRECTOR