

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H60330** (8)

1. Corporation Name
WOLVERINE INVESTMENT CORP.

Principal Place of Business Mailing Address
12651 S DIXIE HWY 303 MIAMI FL 33156 **12651 S DIXIE HWY 303 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1985** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 **12925 SW 61 Ave** 26 **12925 SW 61 Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**
Zip Country Zip Country
24 **33156** 25 **DADE** 29 **33156** 30 **DADE**

4. FEI Number **59-2540067** 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 Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GORENBERG, DONALD
12651 S DIXIE HWY 303
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name **GORENBERG DONALD**
82 Street Address (P.O. Box Number is Not Acceptable) **12925 SW 61 Ave**
83
84 City **MIAMI** FL 85 Zip Code **33156**

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 _____ (Print or typed name of registered agent and the applicable date) (NOTE: Registered Agent signature required when negotiating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHNEIDER, MARK
STREET ADDRESS	12651 S DIXIE HWY 303
CITY, ST, ZIP	MIAMI FL
TITLE	VST
NAME	GORENBERG, DONALD
STREET ADDRESS	12651 S DIXIE HWY 303
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12925 SW 61 Ave
1.4 CITY, ST, ZIP	MIAMI FL 33156
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12925 SW 61 Ave
2.4 CITY, ST, ZIP	MIAMI FL
3.1 TITLE	
3.2 NAME	700001494377
3.3 STREET ADDRESS	-05/19/95--01032--001
3.4 CITY, ST, ZIP	***1600.00 ****200.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Mark Schneider Pres* *stskis* *605-0628*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

SW
0170044 CP