

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 2/9/98: \$225 (IF DISSOLVED, MEMBERSHIP AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:13

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # J81658 (3)

1. Corporation Name:
MARIE WULF ENTERPRISES, INC.

Principal Place of Business

% W. PETER SCHARF
 12108 TIMBERLAKE ROAD
 RIVERVIEW FL 33569

Mailing Address

% W. PETER SCHARF
 12108 TIMBERLAKE ROAD
 RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **07/01/1987**
 3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business
 21 **2701 MANOR HILL DR.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **BRANDON FL**
 Zip Country
 24 **33511** 25 **USA**
 2a. Mailing Address
 26 **2701 MANOR HILL DR.**
 Suite, Apt. #, etc.
 27
 City & State
 28 **BRANDON FL**
 Zip Country
 29 **33511** 30 **USA**

4. FEI Number: **59-2818702**
 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
SCHARF, W. PETER
12108 TIMBERLAKE ROAD
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent
 01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
2701 MANOR HILL DR.
 03
 04 City: **BRANDON** FL 05 Zip Code: **33511**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: **W. PETER SCHARF** DATE: **6-28-95**
Signature, typed or printed name of registered agent and date if applicable. (DATE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHARF, MARIE W.
STREET ADDRESS	12108 TIMBERLAKE ROAD
CITY - ST - ZIP	RIVERVIEW FL
TITLE	D
NAME	SCHARF, CHRISTINE S.
STREET ADDRESS	12108 TIMBERLAKE ROAD
CITY - ST - ZIP	RIVERVIEW FL
TITLE	DV
NAME	SCHARF, MICHAEL J.
STREET ADDRESS	12108 TIMBERLAKE ROAD
CITY - ST - ZIP	RIVERVIEW FL
TITLE	DTS
NAME	SCHARF, W. PETER
STREET ADDRESS	12108 TIMBERLAKE ROAD
CITY - ST - ZIP	RIVERVIEW FL
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	2701 MANOR HILL DR.
1.4 CITY - ST - ZIP	BRANDON FL 33511
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2701 MANOR HILL DR.
2.4 CITY - ST - ZIP	BRANDON FL 33511
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2701 MANOR HILL DR.
3.4 CITY - ST - ZIP	BRANDON FL 33511
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2701 MANOR HILL DR.
4.4 CITY - ST - ZIP	BRANDON FL 33511
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 807, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed), or on an attachment with an address.

SIGNATURE: **Marie W. Scharf** **MARIE W. SCHARF** DATE: **6-28-95** **813-259-7461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR. (Typed Name)

CR2E034 (3/95)