

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 # **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

3. Date Incorporated or Qualified: 07/01/1987
3a. Date of Last Report: 07/07/1995
4. FEI Number: 59-2818702
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

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

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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): 2701 MANOR HILL DR.
83.
84. City: BRANDON FL 85. Zip Code: 33511

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 the applicable (NOTE: Registered Agent Signature required when changing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, MARIE W.	1.2 NAME	
STREET ADDRESS	12108 TIMBERLAKE ROAD	1.3 STREET ADDRESS	2701 MANOR HILL DR.
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, CHRISTINE S.	2.2 NAME	
STREET ADDRESS	12108 TIMBERLAKE ROAD	2.3 STREET ADDRESS	2701 MANOR HILL DR.
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE	DV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, MICHAEL J.	3.2 NAME	
STREET ADDRESS	12108 TIMBERLAKE ROAD	3.3 STREET ADDRESS	2701 MANOR HILL DR.
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE	DTS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, W. PETER	4.2 NAME	
STREET ADDRESS	12108 TIMBERLAKE ROAD	4.3 STREET ADDRESS	2701 MANOR HILL DR.
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: Marie W. Scharf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-23-96
Daytime Phone: 813-259-7461

CR2E034 (12/95)