

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 1 PM 7:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M87444** (9)

1. Corporation Name  
**WOLFPACK, INCORPORATED**

Principal Place of Business  
**1501 ROBERT J. CONLAN BLVD NE  
PALM BAY FL 32905**

Mailing Address  
**1501 ROBERT J. CONLAN BLVD NE  
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1988** 3a. Date of Last Report **07/19/1994**

4. FBI Number **59-2909801** 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. 100.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1300 CLEARMONT ST. NE** 26 **1300 CLEARMONT ST. NE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE #207** 27 **SUITE #207**  
City & State City & State  
23 **PALM BAY FL** 28 **PALM BAY FL**  
City & State City & State  
24 **32905** 25 **BREVARD** 29 **32905** 30 **BREVARD**  
Zip County Zip County

9. Name and Address of Current Registered Agent  
**WOLF, KEVIN D.  
1501 ROBT J CONLAN BLVD NE  
PALM BAY FL 32905**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 required for registration of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>WOLF, PATRICIA B.</b>
STREET ADDRESS	<b>1501 ROBT. J. CONLAN BLV</b>
CITY ST ZIP	<b>PALM BAY FL</b>
TITLE	<b>SDT</b>
NAME	<b>WOLF, KEVIN D.</b>
STREET ADDRESS	<b>1501 ROBT. J. CONLAN BLV</b>
CITY ST ZIP	<b>PALM BAY FL</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DP</b>
1.3 STREET ADDRESS	<b>WOLF, PATRICIA B.</b>
1.4 CITY ST ZIP	<b>1300 CLEARMONT ST. NE.</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SDT</b>
2.3 STREET ADDRESS	<b>WOLF, KEVIN D.</b>
2.4 CITY ST ZIP	<b>1300 CLEARMONT ST NE.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
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 and am authorized 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 my address.

SIGNATURE: **KEVIN D. WOLF** *Kevin D. Wolf* **4-25-95** **407.951.0724**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (SEE INSTRUCTIONS)