FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

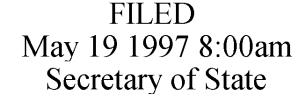
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87444

(9)

WOLFPACK, INCORPORATED





Principal Place of Business Mailing Address							
1300 CLEARMONT ST NE. 207 PALM BAY FL 32905		1300 CLEARMONT ST. NE.					
		107 PALM BAY FL 32905-4046					
U\$	oc eu.	US US			3. Date Incorporated or Qualified 06/28/1988	3a. Date of Las 06/13/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26				Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		t t	
22		27	. .		S. Commodo or otatao positiva	Fee	Required
City & State		City & State		6. Election Campaign Financing			
23	28		ıa:-	Trust Fund Contribution L Added to F			
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in	itangible tax unde Yes ☐ No	rs. 199.032,
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New Reg		
WAY		it negistered Agent		81 Name	10, Hamile and Address of New York	natorea rigent	
WUL	F, KEVIN D.						
	ROBT J CONLAN BLVD NE		82 83		reet Address (P.O. Box Number is Not Acceptable)		
PALI	M BAY FL 32905						
			-	B4 City		FL 85 Z	ip Code
44 Durauget	to the provisions of Sections CD7 OLC	2 and 607 1608 Florida Statut	os tho al	ove-named con	poration submits this statement for the or	iroose of changin	a its registered
	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Stat	t by the corpora utes.	poration submits this statement for the pation's board of directors. I hereby accep	t the appointment	as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO1	t Hogistered	Agent signature requ	ired when reinstateg)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	I DP	☐ DELETE	1.1 10	LF		Chang	ge Addition
NAME	WOLF, PATRICIA B.		1,2 N/	ME			
STREET ADDRESS	1300 CLEARMONT ST. NE.		1.3 \$7	REET ADDRESS			
CITY-ST-ZIP	PALM BAY FL		1,4 01	IY-S1-ZIP			
TITLE			2 1 TC	LE		Chan	ge 🔲 Addition
NAME	WOLF, KEVIN D.		22 N/	ME			
STREET ADDRESS	1300 CLEARMONT ST. NE.		23 ST	REET ADDRESS			
DITY-ST-ZIP	PALM BAY FL		? 4 C	1Y-S1-ZIP			
TITLE		☐ DELETE	3.1 11	ILE]		Chan	ge] Addition
· NAME			3.2 N	ME .			
STREET ADDRESS			3.3 \$1	REFT ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIF			
TITLE		DELETE	4.1 30	ILE		L Chan	ge L Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 S1	REEL ADDRESS			
CITY-\$T-ZIP				1Y - S1 - ZIP			
TITLE		☐ DELETE	5.1 71			[] Chan	ge Addition
NAME	1		5.2 N				
STREET ADDRESS			53.81	REET ADDRESS			
City-St-ZiP				1Y-ST-ZIP			
TITLE		☐ DELETE	611	ILL		☐ Chan	ge 🔲 Addition
NAME			62 N	/WE			
STREET ADDRESS			6.3 S	RCF FADDRESS			
CITY-ST-ZIP			6.4 C	TY-S1-ZIP			
	the commence of the state of th	المرتمس ومرتم مستملك منتارك منتاه بالهنايات المراجع			sa in visation 110 (17/9)(i) Ularida Clatida		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 eath; that I am an officer or director of the conjugation on 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 or changed, or kin amattact them with an address.