

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0018

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED

98 JUL 22 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # M87444 (9)
 1. Corporation Name
 WOLFPACK, INCORPORATED

Principal Place of Business Mailing Address
 1300 CLEARMONT ST NE. 1300 CLEARMONT ST. NE.
 207 107
 PALM BAY FL 32905 PALM BAY FL 32905
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date incorporated or Qualified
 06/28/1988
 4. FEI Number Applied For
 59-2909801 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WOLF, PATRICIA B. 1300 CLEARMONT ST. NE. PALM BAY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	700002597897--7
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-07/24/98--01078--001
TITLE	SDT WOLF, KEVIN D. 1300 CLEARMONT ST. NE. PALM BAY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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 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: *Kevin D. Wolf* 4-6-98 407-951-0724

CR2E034 (5/98)

PROFESSIONAL ACCOUNTING SERVICES

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DOMENIC H. CALICCHIA
Accountant

1520 Bottle Brush Drive N.E., Suite 2-M
Palm Bay, Florida 32905
Office: (407) 951-8878
Fax: (407) 951-3008
Mobile: (407) 676-8018

July 1st, 1998

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32902-1500

RE: Corporation Annual Report
Wolfpack, Inc. - FEI 59-2909801

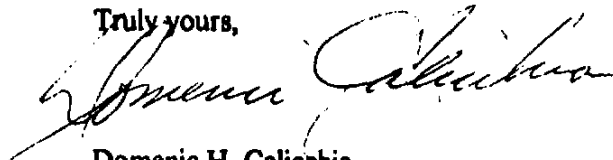
Gentlemen:

Please find enclosed a copy of the Annual Report. Since my client suffered the death of his mother in April, he was unable to aggressively pursue this matter at the time. Consequently, the filing is late. I respectfully ask for your forbearance.

As his check is outstanding, please find enclosed Check # 2263 in payment.

Thank you for your help in this matter.

Truly yours,



Domenic H. Calicchia
Accountant

Enc: Copy of Annual Report
Check #2263