

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90038 013 ****70.00

DOCUMENT # *N 98000001654*

1. Corporation Name

LOVE OF THE WOLF, INC

Principal Place of Business

Mailing Address

*1055 LA PALOMA DRIVE
ROCKLEDGE, FL 32955*

SAME

2. Principal Place of Business

2a. Mailing Address

21 *1055 LA PALOMA DRIVE*

26 *SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *ROCKLEDGE, FL*

28 *SAME*

Zip

Country

Zip

Country

24 *32955*

25

USA

29

SAME

3. Date Incorporated or Qualified

19 MAR 98 - (NON PROFIT)

4. FEI Number

59-3501503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*LORRAINE GARDINO
4191 FOUNTAIN PALM RD
COCOA, FL 32926*

81 Name

LORRAINE SYLVAIN

82 Street Address (P.O. Box Number is Not Acceptable)

1055 LA PALOMA DRIVE

83

84 City

ROCKLEDGE

FL

85 Zip Code

32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *LORRAINE SYLVAIN (GARDINO) - PRESIDENT*

Signature, typed or printed name of registered agent, and title if applicable

NOTE: Registered Agent signature required when resigning

*Lorraine Sylvain - DIRECTOR
PRESIDENT*

April 21, 99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *DIRECTOR* ☒ DELETE
NAME *MICHAEL GARDINO JR*
STREET ADDRESS *4191 FOUNTAIN PALM RD.*
CITY-ST-ZIP *COCOA, FL 32926*

1.1 TITLE *DIRECTOR* ☒ Change ☒ Addition
1.2 NAME *ANDREW HILLESTAD*
1.3 STREET ADDRESS *1055 LA PALOMA DRIVE*
1.4 CITY-ST-ZIP *ROCKLEDGE, FL 32955*

TITLE *DIRECTOR* ☒ DELETE
NAME *ERIC J. CESSAR*
STREET ADDRESS *MAINTES RD*
CITY-ST-ZIP *COCOA, FL 32922*

2.1 TITLE *DIRECTOR* ☒ Change ☒ Addition
2.2 NAME *KYLE HILLESTAD*
2.3 STREET ADDRESS *1055 LA PALOMA DRIVE*
2.4 CITY-ST-ZIP *ROCKLEDGE, FL 32955*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE *NAPOLEON SYLVAIN* ☒ Change ☒ Addition
3.2 NAME *DIRECTOR*
3.3 STREET ADDRESS *1055 LA PALOMA DRIVE*
3.4 CITY-ST-ZIP *ROCKLEDGE, FL 32955*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine Sylvain - LORRAINE SYLVAIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999

Date

Daytime Phone #

407 639-3655

Beep 407-454-2856

CR2E037 (11/98)